

\_\_\_\_\_ **CHURCH**  
**ACCIDENT/INCIDENT REPORT**

**CHURCH**       **OTHER:** \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date and Time of Accident/Incident: \_\_\_\_\_

Place of Accident/Incident: \_\_\_\_\_

Describe Accident/Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe nature of injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness(es) to accident/incident:

\_\_\_\_\_  
\_\_\_\_\_

What action was taken?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was Parent/Guardian Contacted?  YES       NO      Time: \_\_\_\_\_ How? \_\_\_\_\_

Describe medical treatment/first aid: \_\_\_\_\_

\_\_\_\_\_

Check at least one church official listed who has been notified of incident:

- Property Manager
- Church Administrator
- Executive Pastor

Date/Time notified: \_\_\_\_\_  
Date/Time notified: \_\_\_\_\_  
Date/Time notified: \_\_\_\_\_

\_\_\_\_\_  
Signature of Reporter

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Person in Charge

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Church Official

\_\_\_\_\_  
Date/Time