

## ACCIDENT/INCIDENT REPORT FORM

This form is to be used if there is an accident or injury on church property or during a church event.

Please complete this form the same day as the incident.

Be sure copies are given to the staff person associated with the event and to the Business Administrator.

Name:
Telephone: Email Address:
Address:
City: State: Zip:
Date and Time of Accident/Incident:
Place of Accident/Incident:
Description of the accident:
Nature of Injury:
Witness(es) to accident/incident:
What actions were taken (medical treatment, police called, etc)?
Were parents/guardians notified? Time: How?
Signature Date
Reviewed by: Business Administrator Executive Pastor