

Accident and Incident Report Form

This form is to be completed by an adult witness whenever an incident requiring first aid or medical attention occurs. The completed form should be given to the injured party, or to the parents/guardians of the child or young person, and a copy needs to be given to a member of the Safe Church Concerns Team and filed securely for future reference.

Date (of Report) ____/____/____ Report Written By _____

Date of Incident ____/____/____ Time ____ am/pm Location _____

Person(s) Involved: _____

Describe in full how the incident occurred _____

Injury / Illness details _____

What actions were taken (Including first aid)? _____

First Aid Administered By _____

Was secondary medical attention required (doctor or hospital visit)? Yes / No

Witnesses _____

If the incident involved persons under 18 years:

Ministry Group Name: _____

Adult supervisors: _____

Name of injured person: _____ Birth date: ____/____/____ Age: ____

Names of parents/guardians: _____

Address: _____

Phone: _____

Date Parent/Guardian Informed ____/____/____ Time ____ am/pm

Parent/Guardian Signature _____

Safe Church Team

Reported To: _____ Signature _____ Date ____/____/____