**CHURCH ACCIDENT/INCIDENT REPORT FORM**

Use this form to report accidents, injuries, medical situations. If possible, a report should be completed at the time of the event, if this is not possible then within 24 hours of the event.

Date of Report:

|  |
| --- |
| 1. **PERSON INVOLVED**
 |

Full Name:

Address:

Phone: E-Mail:

|  |
| --- |
| 1. **THE INCIDENT**
 |

Date of Incident: Time: [ ]  AM [ ]  PM

Location: Group/Session:

Describe the Incident:

|  |
| --- |
| 1. **INJURIES**
 |

Was anyone injured? [ ]  Yes [ ]  No

If yes, describe the injuries:

|  |
| --- |
| 1. **WITNESSES**
 |

Were there witnesses to the incident? [ ]  Yes [ ]  No

If yes, enter the witnesses’ names and contact info:

|  |
| --- |
| 1. **FIRST AID/MEDICAL SERVICES**
 |

Was First Aid provided? [ ]  Yes [ ]  No [ ]  Refused

Brief details of First Aid given:

|  |
| --- |
| 1. **PERSON FILING REPORT**
 |

Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **OFFICE USE ONLY** |

Report received by: Date:

Follow-up action required: [ ]  Yes [ ]  No

Give details: