**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **OFFICE USE ONLY** |

Report received by: Date:

Follow-up action required:  Yes  No

Give details: