Appendix H: ACCIDENT REPORTING FORM

Name of Person(s) Involved _____

Address of Person(s) Involved _____

Date of Incident Click or tap to enter a date. Time of Incident _____

Email: _____ Phone: _____

(If applicable)
Parent/Guardian Name: _____

Location of Accident
(Be specific) _____

Description of Accident (i.e., how injured, others involved, type of injury, etc.):

Action Taken:

Report Submitted By: _____ Date: Click or tap to enter a date.

Report Reviewed by
(Safe Church Team Member) _____

Please return this form to the church office

APPENDIX H – INCIDENT REPORTING FORM

For any ***injury on church property*** or ***suspected abuse***

Date of Incident _____ Time of Incident _____

Location _____

Name of Person(s) Involved _____

Email: _____ Phone: _____

Name of Witness _____ Phone: _____

Address _____

Location of Incident
(Be specific) _____

Description of Incident (i.e., how injured, others involved, type of injury/abuse, etc.):

Action Taken:

Persons Notified:

Suggested Future Prevention:

Signature: _____

Please place the completed form in a sealed envelope in the confidential mailbox outside the church office. This report must be forwarded to Chair of Council.

APPENDIX H – INCIDENT REPORTING FORM

Additional Notes