

**Incident / Accident Report**

All information included here will be treated with the utmost confidentiality. You will not be quoted unless permission is received from you ahead of time. We appreciate you helping us to document this incident or accident from your point of view while the memory is fresh.

1. Who was involved?
2. Date, time, and location of incident:
3. Description of incident: (if more room is needed, please use other side.)
4. If there were witnesses please include their name and phone number
5. Who else was notified of the incident at the time: (Children’s Pastor, Youth Pastor, Senior Pastor?)
6. What actions were taken? (Parent notified, medical assistance required, disciplinary actions)
7. Follow up: Who followed up the following day? Parent response?

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Please turn this form in to your leader. Leaders should copy and turn in to the Children’s Pastor. Thanks!