### CHURCH INCIDENT REPORT FORM

### Instructions

Complete this report under any of the following situations:

1. A child becomes ill or receives an injury that requires First Aid or medical treatment while in your care.
2. A child receives a bump or blow to the head or other visible injury regardless of treatment.
3. A child is transported by ambulance from your facility.
4. An unusual or unexpected incident occurs that jeopardizes the safety of a child, such as a child left unattended, there is a vehicle accident (with or without injuries), or a child is exposed to a threatening person or situation.
5. There is an allegation or reasonable suspicion of abuse of a child.
**Important:** Consult your state’s mandatory reporting requirements for further information on abuse reporting; OR
6. As otherwise required by any state licensing or other authority, such as childcare or daycare licensing.

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| --- | --- | --- | --- |
| **Date of Incident** |  | **Time of Incident** |  |
| **Name and Approximate Age of Child Involved (One Report per Child)** |
|  |
| **Contact Information for Child Involved** |
| **Parent/Guardian:** | **Telephone:**  |
| **Address:** |
| **Email:** |  |
| **Nature of Injury/Incident** |
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| **Location of Incident** |
|  |
| **Description of Incident** |
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| **Was the above information?** |
| □ Reported to you by someone else? If so, who:**OR**□ Directly observed/witnessed by you?  |
| **Action(s) Taken (Check all that apply.)** |
| □ Provided First Aid What/When: |
| □ Call placed to 911 By Whom: |
| □ Taken to hospital By Whom: |
| □ Notified Parent/Guardian Who/When: |
| □ Notified Church Official Who/When: |
| □ Notified Authorities Who/When:  |
| □ Other:  |
| **Witnesses to Incident** |
| Name:Address:Telephone:Email: | Name:Address:Telephone:Email: |
| **Printed Name of Person Completing This Report:** |
| Position at the Organization: |  |
| Address: |
| Telephone: | Email: |
| Signature: | Date: |
| Signature of Church Official: | Date: |

### Witness Report

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| **Name:** |
| Address |
| **Contact Information** |
| Home No.: | Work No.: |
| Cell No.:  | Email: |
| Date/Time of Incident:  |

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| **Fully Describe What You Observed** |
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| **Anyone else you know who may have witnessed the incident?** |
| Name: |
| Address: |
| Telephone: | Email: |
| **Printed Name of Witness** |  |
| Signature |  |
| Date Signed |  |