

STREETSBORO UNITED METHODIST CHURCH INCIDENT REPORT

This form is to be completed by the adult supervisor whenever an incident (for example: injury, accident, etc.) occurs. A copy is then to be given to the child's parent/guardian and the pastor. The church must also keep a copy of the completed form.

Name of class or activity: _____ Adult supervisor: _____

Name of injured child: _____ Birthdate of child: _____ Age: _____

Parents/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Date and time of incident: _____

Description of incident:

1. Describe the incident (use back of page if necessary).
2. Where in the facility or elsewhere did the incident occur?
3. What area of the child/youth's body was injured?
4. What was the child/youth doing when the incident happened?
5. How did the incident happen?
6. Give the names of adults present at the time of the incident.
7. Give the name(s) of any other witnesses to the incident.
8. How did the child/youth respond after the incident?