



## Incident Report

Injured's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Place of Incident: \_\_\_\_\_

Caregiver at the Time of Incident: \_\_\_\_\_

Describe Incident:

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Describe nature of injury:

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Name of any other person(s) involved: \_\_\_\_\_

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Witness(es) to Incident:

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Is abuse suspected, reported, or witnessed? YES NO Type: \_\_\_\_\_

Was a parent/guardian contacted? YES NO Time: \_\_\_\_\_ How? \_\_\_\_\_

Was a doctor contacted? YES NO Time: \_\_\_\_\_ Name: \_\_\_\_\_

What action was taken?

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Describe medical treatment/first aid: \_\_\_\_\_

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Follow-up suggested: \_\_\_\_\_

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Signature of Caregiver/Person Making Report

Date

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Signature of Parent/Guardian

Date

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Signature of Ministry Leader/Authority Figure

Date

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Signature of Pastor

Date