

Lebanon First United Methodist Church

415 W. Main St. Lebanon, TN 37087 | 615-444-3315 | lebanonfumc.com

Incident Report

Name of Injured/Victim:	Age:
Date and Time of Incident:	
Place of Incident:	
Caregiver at the Time of Incident:	
Describe Incident:	
Describe nature of injury:	
Name of any other person(s) involved:	
realite of any emor person(s) involved.	
Witness(es) to Incident:	
Is abuse, harassment, or bullying suspected, reported, or witnessed? YE	ES NO
Type(s):	
Was a second to seed a second selection VEC NO. There was a large Control of the	
Was a parent/guardian contacted? YES NO Time: How?	
Was a doctor contacted? YES NO Time: Name:	

What action was taken?		
Describe medical treatment/first aid:		
Follow-up suggested:		
Next Steps:		
Completed by:	On	
Signature of Caregiver/Person Making Report	Date	
Signature of Parent/Guardian	Date	
Signature of Ministry Leader/Authority Figure	Date	
Signature of Pastor	Date	