

Canyon Lake United Methodist Church

Incident/Accident Report Form

Completed form should be turned into Pastor

Form must be kept on file.

Church Name _____ Person completing Report _____ Date: _____

PEOPLE

Person(s) Involved: _____

Age _____ Gender _____ Member Staff Visitor/Group _____

If member of Outside Group, is Waiver and Release on file? Yes No

Witness (es) to incident:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

INCIDENT

Type of Incident: Behavioral Accident Illness Other _____

Location: _____ Date: _____ Time: _____

What led up to the incident:

Describe the incident:

What actions were taken after the incident:

INCIDENT REPORT pg 2 *In case of injury, complete the following:*

Identify type & bodily location of injury:

Was any injury a result of a violation of a rule, order, or law by the injured? **Yes** **No**

If yes, describe violation _____

List any objects or equipment involved in the injury: _____

Nature of first aid administered: _____

Person(s) administering first aid: _____

Did the injured leave the facility: **Yes** **No**

If yes, with whom? _____

Where were they taken? _____

FOR CHILDREN/YOUTH PROGRAMS

Were parents notified? **Yes** **No**

Who contacted the parents & when? _____

Staff person in charge at time of incident: _____