

APPENDIX 2

Sample Accident/Injury Report Form

This form is designed to document incidents involving illness, injury, or behavioral situations that occur during ministry programs, as outlined in The Foursquare Church Child and Youth Protection Manual. This form should be used for accidents, injuries, or illnesses, not for misconduct or abuse (use Appendix 1 or Incident Report B: Disclosed Abuse for those cases).

Instructions:

1. Print all information clearly, except for signatures.
2. Use additional sheets if necessary to provide complete details.
3. Submit this completed report to the ministry leader immediately.
4. The completed report should be retained at the local Foursquare church for 7 years.

Today's Date: _____

Name of Preparer: _____

Preparer's Title/Role: _____

Name of Church, Camp, or Event: _____

Type of Incident (check all that apply):

- Illness
- Injury
- Behavioral Situation

Incident Details:

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Visible Injuries or Signs of Illness:

Yes No

If yes, describe (e.g., cuts, bruises, fever, vomiting):

Description of the Incident (include what happened, how it occurred, and any relevant context):

Names and Ages, and Contact Info of Individuals Involved (include parents):

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Names of Staff Members or Volunteers and Witnesses (if any):

Response to the Incident (e.g., first aid provided, how, where, and by whom):

Parent/Guardian Notification (if applicable):

- Name of Parent/Guardian Notified: _____
- By Whom: _____
- Date/Time of Notification: _____

Please indicate which actions were taken:

- The incident required outside medical or other assistance
- A claim was initiated with Foursquare's insurance provider- 833.813.5580
- An external agency (police, fire, CPS, etc.) was contacted for assistance

Describe Actions Taken (e.g., medical follow-up, behavioral plan, facility repairs):

Signature of Preparer: _____

Date: _____

Printed Name of Preparer: _____

Signature of Senior Pastor or Designee: _____

Title: _____

Date: _____

Note: Retain this form in a secure, confidential location. For incidents involving suspected misconduct or abuse, use Appendix 1 - Incident Report Form and follow the reporting protocols in Section 1.5. D of the Child and Youth Protection Manual

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