



Incident Report for Minors

Instructions

Complete this report under any of the following situations:

- A. A minor becomes ill or receives an injury that requires First Aid or medical treatment while in your care;
- B. A minor receives a bump or blow to the head or other visible injury regardless of treatment;
- C. A minor is transported by ambulance from your facility;
- D. An unusual or unexpected incident occurs that jeopardizes the safety of a minor, such as a child left unattended, there is a vehicle accident (with or without injuries), or a minor is exposed to a threatening person or situation;
- E. There is an allegation or reasonable suspicion of abuse of a minor.

Date of Incident:	Time of Incident:
Name and Approximate Age of Minor Involved (One Report per Minor):	
Contact Information for Minor Involved:	
Parent/Guardian: _____	
Address: _____	
Telephone: _____ Email: _____	
Nature of Injury/Incident:	
Location of Incident:	
Description of Incident:	



Was the above information:

Reported to you by someone else? If so, who: _____

OR

Directly observed/witnessed by you?

Action(s) Taken: (Check all that apply.)

Provided First Aid What/When _____

Call placed to 911 By Whom _____

Taken to hospital By Whom _____

Notified Parent/Guardian Who/When: _____

Notified Senior Pastor When: _____

Notified Authorities Who/When: _____

Other _____

Printed Name of Person Completing This Report: _____

Position at the Church: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Signature of Church Official: _____ Date: _____

WITNESSES

Witnesses to Incident:

Name: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

WITNESS REPORT

Name: _____	
Address: _____	
Telephone Numbers:	
Home: _____	Work: _____
Cell: _____	Email: _____
Date/Time of Incident: _____	

Fully Describe What You Observed:
Anyone else you know who may have witnessed the incident?
Name: _____
Address: _____
Telephone: _____ Email: _____

Printed Name of Witness: _____
Signature: _____
Date Signed: _____