

INJURY/ACCIDENT/INCIDENT REPORT
ROCHESTER CRC
NURSERY/CHILD/YOUTH PROGRAM
(all information will be kept confidential)

Child's name _____ Date: _____
Volunteers/Staff present: _____ Time: _____ AM/PM

Date of Incident _____ Time of Incident _____ Place of Incident _____

Description of problem (be specific and factual): use reverse, if needed

Outside medical care needed? Yes / No
Parents notified? Yes / No
Program director notified? Yes / No

Signature of Nursery Attendant, staff, or volunteer _____

Signature of Parent _____

Signature of Program Director _____

Copy submitted to:
Worship Committee by Nursery Director Yes / No
Education Committee by Education Chair Yes / No
Youth Committee by Youth Chair Yes/ No
Follow-up Action Needed? Yes/No
If yes, describe:
use reverse, if needed
