

GRACE BAPTIST CHURCH
Incident Report

Any incident involving anyone under the jurisdiction of the church must be reported on this form, on the day the incident occurs. Use the back if more space is needed.

Date of Incident _____ Time _____ Place _____

Individuals involved and witnesses (Name, age, phone number):

Name _____	Age _____	Phone _____
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Name _____	Age _____	Phone _____
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Name _____	Age _____	Phone _____
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Parent/Guardian (Name, address, phone number) of injured:

Person in charge where accident occurred: _____

What happened? _____

Full description of injury and care given: _____

Did the injured see a healthcare provider? _____ Who or where? _____

Were parents notified? _____ When? _____

By Whom? _____

Could this incident have been prevented? _____ If so, how? _____

Signature of person making the report: _____

Printed name of person making the report: _____

BLANK COPIES OF THIS FORM NEED TO BE KEPT IN ALL FIRST AID KITS.

A copy of this report should be given to the Pastor, the Church Office, and the Church's insurance agent.

Updated 5/2006