

Incident/Accident Report Form

Please fill out this form for any incident or accident that occurs while you are serving in Youth and Family Ministry, whether or not the incident resulted in injury. Provide as much detail as possible and turn in this report as soon as possible after the event.

Today's date _____

Date and time of incident/accide _____

Name of affected party (1) _____ Age _____ __Male __ Female

Parent/legal guardian (1) _____ Phone _____

Name of affected party (2) _____ Age _____ __Male __ Female

Parent/legal guardian (2) _____ Phone _____

Witness 1 _____ Phone _____

Witness 2 _____ Phone _____

Place of incident _____

Description of incident: Relate as much detail as possible, including quotations if possible. Explain action taken and by whom. Draw a diagram on the back of this sheet, if useful.

Cause of incident (in your opinion): _____

Print name of person completing report _____

Address _____

Phone _____ Signature _____