



SOUTHBROOK CHURCH

Incident Report

Instructions

\*Complete this report under any of the following situations:

- A. A person becomes ill or receives an injury that requires First Aid or medical treatment while in your care;
B. A person receives a bump or blow to the head or other visible injury regardless of treatment;
C. A person is transported by ambulance from your facility;
D. An unusual or unexpected incident occurs that jeopardizes the safety of a person, such as a minor left unattended, there is a vehicle accident (with or without injuries), or a person is exposed to a threatening person or situation;
E. There is an allegation or reasonable suspicion of abuse of a person. Important: Consult your state's mandatory reporting requirements for further information on abuse reporting; OR
F. As otherwise required by any state licensing or other authority, such as childcare or daycare licensing.

\*Make copy of Parent Incident Report and attach to this Incident Report

Form with fields: Date of Incident, Time of Incident, Name and Approximate Age of Person Involved, Contact Information for Person Involved, 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 Church Official              Who/When: \_\_\_\_\_

Notified Authorities                  Who/When: \_\_\_\_\_

Other    \_\_\_\_\_

Witnesses to Incident:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Printed Name of Person Completing This Report: _____	
Position at the Organization: _____	
Address: _____	
Telephone: _____	Email: _____
Signature: _____	Date: _____
Signature of Church Official: _____	Date: _____

**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: \_\_\_\_\_

## Parent Copy Incident Report

Date of Incident:	Time of Incident:
Child's Name	
Nature of Injury/Incident:	
Location of Incident:	
Description of Incident:	
Action(s) Taken: (Check all that apply.)	
<input type="checkbox"/> Provided First Aid	What/When _____
<input type="checkbox"/> Call placed to 911	By Whom _____
<input type="checkbox"/> Taken to hospital	By Whom _____
<input type="checkbox"/> Notified Parent/Guardian	Who/When: _____
<input type="checkbox"/> Notified Church Official	Who/When: _____
<input type="checkbox"/> Notified Authorities	Who/When: _____
<input type="checkbox"/> Other	_____