

SHILOH BAPTIST CHURCH

ACCIDENT/INCIDENT REPORT

Name: _____ Age: _____

Date and Time of Accident/Incident: _____

Place of Accident/Incident: _____

Describe Accident/Incident:

Describe nature of injury:

Witness(es) to accident/incident:

What action was taken?

Was Parent/Guardian Contacted? | YES / NO Time: _____ How? _____

Describe medical treatment/first aid: _____

Select at least one church official listed who has been notified of incident:

- Property Manager - Date/Time notified: _____
- Church Administrator/Officer - Date/Time notified: _____
- Pastor - Date/Time notified: _____

Signature of Reporter Date/Time

Signature of Parent/Guardian Date/Time

Signature of Person in Charge Date/Time

Signature of Church Official Date/Time