



# GRASSLANDS CHURCH

## INCIDENT REPORT

CHURCH       OTHER: \_\_\_\_\_

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

Date and Time of Accident/Incident: \_\_\_\_\_

Place of Accident/Incident: \_\_\_\_\_

Describe Accident/Incident:

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Describe nature of incident:

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Witness(es) to accident/incident:

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What action was taken?

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Was Parent/Guardian Contacted?  YES       NO      Time: \_\_\_\_\_ How? \_\_\_\_\_

Describe medical treatment/first aid: \_\_\_\_\_

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

- Children's Ministry Director
- Lead Pastor
- Elder

Date/Time notified: \_\_\_\_\_  
Date/Time notified: \_\_\_\_\_  
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