



Incident Report – Record Form

..... Congregation Name:

This form is to be completed by an adult witness whenever an incident requiring attention occurs that does not require going to a medical centre. The completed form should be filed for future reference if needed. (securely).

GENERAL INFORMATION

Name of group/activity: _____

Ministry Program Leader: _____

Name of injured person: _____

Birth date: _____ Age (If under 21): _____

Names of parents/guardians: _____

Address: _____

Phones: Home _____ Mob _____

Date of incident: _____ Time of incident _____

DESCRIPTION OF INCIDENT

1. Describe the incident –

- I. What is presenting issue
- II. Where in the facility/site did it happen?
- III. What area of the person's body was injured?
- IV. What was the person doing when the incident happened?
- V. How did the incident happen?

2. How did the injured person respond after the incident?

3. Was medical attention required Yes/No Please circle one If NO go to section 4

If yes name of Medical facility _____



Name of attending Medical practitioner

Treatment given

4. Was first aid given or some other action taken? Yes / No

If yes, by whom & what was given?

5. Names of leaders present at the time of the incident:

6. Name(s) of any other witnesses to the incident:

7. Follow up actions:

Name: _____ Signed: _____