

Accident or Incident Report - Sunnyside Christian Reformed Church

Name of Person(s) Involved: _____

Address of Person (s) Involved: _____

Date and Time of Accident or Incident: _____

Name of Parent(s)/Guardian, if applicable: _____

Phone Number of Person(s) Involved: _____

Location of Accident/Incident: _____

Description of Accident or Incident (i.e. how injured, others involved, type of injury, disclosure of child, observed behavior or injury):

Action Taken:

Report Submitted by: _____ Date: _____

Relationship to Person/Child: _____

Report Reviewed by Safe Church Team Lead and Senior Pastor

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return this form to the church office