



Accident/Incident Report

Date of Occurrence: _____

Time of Occurrence: _____ AM PM

Persons involved:

Name	Age	Phone	Email

Were the police called? Yes No

If yes, include the case number: _____

Was an ambulance called? Yes No

Were any pictures taken of the accident/incident? Yes No

Location where this took place:

Was a parent/guardian/family member contacted? Yes No

Name(s) and Phone Numbers:

Describe the accident/incident:

Type of injuries or damage:

What action was taken after the accident/incident?

Was first aid provided? If yes, what type?

Witnesses to the accident/incident:

Name	Phone	Email

Notify one of the following church officials as soon as possible:

Check one:

- Laura Sell, Facilities Manager: 847-231-6422
- Vicki Carter, Business Manage: 847-609-0800
- Melissa Labellarte, Pastoral Admin: 847-220-0700

What time did you contact a church official? _____ AM PM

* * *

Reporter (print name): _____

Signature of Reporter: _____

Date signed: _____

Signature Parent/Guardian: _____

Date signed: _____

Signature of Church Official: _____

Date signed: _____

Return this completed form to Vicki Carter (tray in the office).