

**Cave Spring Baptist Church
Accident/Incident Report**

Name: _____ Age: _____

Date and Time of Accident/Incident: _____

Place of Accident/Incident: _____

Describe Accident/Incident:

Describe nature of injury (scratch, bruise, etc.):

Witness(es) to accident/incident:

What action was taken?

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

Describe medical treatment/first aid:

Church official(s) who has been notified of incident:

Signature of Reporter & Date/Time: _____

Signature of Parent/Guardian & Date/Time: _____

Signature of Person in Charge & Date/Time: _____

Signature of Church Official & Date/Time: _____