



ASHLAND BAPTIST CHURCH

Notice of Incident

Name of Person Involved: _____ Age/DOB: _____

Name of Parent/Guardian (if a minor): _____ Gender: ☐ Male ☐ Female

Address: _____

Phone: _____

Relationship to Ashland Baptist Church: ☐ Member ☐ Visitor ☐ Volunteer ☐ Employee ☐ None

☐ Attending a Service/Event (what service/event): _____

Name of individual responsible for supervision: _____

Date of Incident: _____ Time of Incident: _____ ☐ AM ☐ PM

Location of Incident (be specific): _____

Injuries Sustained: _____

Did the person involved require medical care?: ☐ YES ☐ NO ☐ REFUSED MEDICAL ATTENTION

Was First-Aid administered?: ☐ YES ☐ NO By whom?: _____

Describe the First-Aid/medical attention given: _____

Where was the person taken?: _____ By whom?: _____

Were police or ambulance called?: ☐ YES ☐ NO By whom?: _____

Was a police report filed?: ☐ YES ☐ NO Officer's Name: _____

How did the incident happen? Explain in your own words what happened. Please include as much detail as possible; describing the incident in the order it occurred. Use additional pages if necessary.

Were staff members present?: ☐ YES ☐ NO Name(s): _____

Were there witnesses?: ☐ YES ☐ NO If Yes, provide name, address, & phone.

	Name of Witness	Address	Phone
1			
2			
3			

Comments: