

# Rhema Christian Center Incident/Accident Report Form

*An incident report needs to be completed anytime there has been an accident or injury on church property or involving participants in a church activity off church property.*

*This form needs to be completed as soon as possible by the Activity Director or person in charge of the activity. We request that it be turned in to our church office to be reviewed by our Executive Pastor within 48 hours. For serious injuries or accidents, the Executive Pastor needs to be called immediately.*

Activity Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Group Name: \_\_\_\_\_ Grade / Age: \_\_\_\_\_ Group Size: \_\_\_\_\_

Activity Description: \_\_\_\_\_

Incident Occurred: Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Where: \_\_\_\_\_

Injured's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Incident (use back of form as needed): \_\_\_\_\_

Description of injuries (use back of form as needed): \_\_\_\_\_

Describe treatment or action taken following incident (use back of form as needed): \_\_\_\_\_

Did participant continue with activity?  yes  no

Was any professional medical assistance provided?  yes  no If so, complete appropriate information as follows:

A. Name of ambulance co: \_\_\_\_\_

B. Name of hospital: \_\_\_\_\_

C. Medical people on the scene: \_\_\_\_\_

If property damage, describe damaged items: \_\_\_\_\_

List all witnesses - include names & phone numbers (use back of form as needed): \_\_\_\_\_

If party 18 or under, were parents notified?  yes  no How, when and by whom? \_\_\_\_\_

When were you first notified, if not immediately after the accident? \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

If injuries occurred, the Activity Director should follow-up with the injured parties as well as keep the Executive pastor informed

Please turn this form into the Executive Pastor. Copies (made by office) to: \_\_\_\_\_