CROSSROADS
Community Church

INCIDENT REPORT FORM

Please print legibly.

Date & Time of Incident _____ Reporting Person _____ Date of Report _____

What was reporting person's role when injury happened? (e.g. friend, attender, volunteer, safety team member, staff, etc.)

_____

Ministry Event or Activity _____ Location of Incident_____

Name of Supervising Ministry Leader _____ Position: [ ] Staff [ ] Volunteer

Name of Injured or Ill Person _____ Age (if under 18 years old) _____

Relationship to Crossroads: [ ] Regular attender [ ] Occasional attender [ ] Visitor [ ] Volunteer [ ] Staff [ ] Other

Parent(s) Name(s) (if under 18 years old)_____ Phone _____

Address _____

Name of injured person's medical insurance provider _____

Parent's permission to evaluate and treat a minor (under 18 years of age)

Signature _____ Date _____

Witnesses:
Name _____ Name _____

Address_____ Address _____

Phone _____ Phone _____

Statement by reporting person: (Include description of injury, related facts, location, observations)

_____

_____

_____

Action taken: _____

_____

_____

Report submitted to _____ Date _____

(Please submit <u>original</u> to the Executive Pastor of Operations as soon as possible.)

Updated: 04/08/2024