

# Report of Accident/Incident



Name of injured individual involved in incident \_\_\_\_\_ Age: \_\_\_\_\_

If minor, name of parent/guardian \_\_\_\_\_ phone number \_\_\_\_\_

Place of incident \_\_\_\_\_ on BEFC Grounds \_\_\_\_\_ Other- List \_\_\_\_\_  
(city) (state)

Date of incident \_\_\_\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

Ministry event (Sunday School, AWANA, etc.) \_\_\_\_\_

Ministry Lead Team Member Present (not necessarily witness to) \_\_\_\_\_

Contact information for Ministry Team Lead Member for further questions:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Was another individual involved? \_\_\_No\_\_\_Yes. If Yes, please list name and contact number of other individual(s) \_\_\_\_\_  
\_\_\_\_\_

Check at least one church official listed who has been notified of incident:

Church Manager/Administrator \_\_\_\_\_ Date/Time notified: \_\_\_\_\_

Senior Pastor \_\_\_\_\_ Date/Time notified: \_\_\_\_\_

Elder \_\_\_\_\_ Date/Time notified: \_\_\_\_\_

\_\_\_\_\_  
Signature of Reporter Date/Time

\_\_\_\_\_  
Signature of Parent/Guardian Date/Time

\_\_\_\_\_  
Signature of Person in Charge Date/Time

\_\_\_\_\_  
Signature of Church Official Date/Time

*Please turn this form into the office after completion. Thank you.*

