Incident Report

In the event of any injury or incident involving a child, please complete this form asap.

Date of Incident **Time of Incident** **Location of incident**

My Name **Contact Info**

Their Name(s)

Witness Name **Phone #**
Witness Name **Phone #**

PERSONS NOTIFIED

If a life-threatening emergency occurs—or if you believe one may be happening—please call 911 immediately. If 911 is contacted, parents MUST be notified right away. For non-emergency situations, parents should be informed at time of pick-up.

Who called 911? **Was Security notified?** **Yes** **No**

Were Parents notified? ASAP or at Pick Up **KIDMIN Director notified?** **Yes** **No**

Describe in detail what took place: (Provide a detailed account of the incident, including what happened, who was involved, and any contributing factors. Use back of page if needed.)

FOLLOW UP ACTION PLAN

- ☐ **No other follow up needed**
- ☐ **Contacted Parents - Date:** **Time:** **My Name:**
- ☐ **Inform admin**
- ☐ **Inform volunteers**

Additional Comments/Observations

Please submit this completed form within 24 hours of incident to Children's Ministry Director