



CHILDREN'S MINISTRY INCIDENT REPORT

Lead Teacher	Date of Incident / /	
Child's Name	Child's Birth Date / /	
Father's Name	Telephone #	
Mother's Name	Telephone #	
Name of guardian <i>(if the child was brought by someone other than the parent.)</i>	Telephone #	
Describe the nature of the incident.		
Was first aid administered? If so, describe the care given.		
Were any other children involved in the accident? If yes, what are their full names?		
Was 911 called?	If so, what is the name of the attending physician?	
Name of Children's Minister who was in charge of the child?		
Names of any witnesses	Telephone#	
Name of any witnesses	Telephone #	
Were the parents informed the day of the incident?		
Was a follow up phone call made?		
Date of the call / /	Who made the call?	Who received the call?
Remarks		
Signature of Lead Teacher on duty		Date / /
Signature of Children's Pastor		Date / /