

ST PAUL'S KIDS



Listen to God



Enjoy Him



Do what He says

# Accident/Incident Form

This form should be completed immediately after any significant accident/incident. The volunteer should discuss with the Children's Minister any necessary follow up action.

**Date and Time** ..... **Location** .....

**Names, Ages and Groups of Those Involved** .....

.....  
.....

**Leaders responsible for or supervising the group at the time of the accident/incident**

.....

**Also witnessed by (names or groups)** .....

.....

**Describe the accident/incident** (include injuries received and any first aid or medical treatment given)

.....  
.....  
.....

**Is any action needed to prevent a recurrence of the accident/incident?** .....

.....

**Who else needs to be informed?** .....

**Have they been informed? YES/NO If so, when and by whom?** .....

**Person in charge of group at time of incident**

**Form seen by Children's Minister**

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_