



Open hearts. Open minds. Open doors.
The people of The United Methodist Church®

CHILD/YOUTH INCIDENT REPORT

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

NAME OF CHILD: _____ D.O.B. _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE: _____

LOCATION OF INCIDENT: _____

ADULT SUPERVISOR: _____

WITNESSES:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

DESCRIPTION OF INCIDENT, *(please include the following information: part of body injured; what was child doing when accident occurred; how did child respond after incident)* _____

Was **first aid** administered or some other action taken? ()YES () NO
If yes, by whom: _____ Describe: _____

Is **follow-up** required? ()YES () NO
If yes, action taken: _____

Name of person filling out report: _____
Phone: _____ Email: _____