



OUCH REPORT

Upon completion of this form, please photocopy
(Original to parents, Copy to file)

Date _____ Time of incident _____

Child's name _____

Area _____

This is what happened

This is how we treated it

Leader Name _____

Parent Name _____

Parent Phone Number _____

Parent Signed _____

----- OFFICE USE ONLY -----

Report seen by Children's Minister: Yes / No

Followed up: Yes / Not necessary

(If 'Yes' complete Incident/Accident Report Form)