

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

Date: _____ Time of incident: _____

Child's name: _____

Area: _____

DETAILS

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

Followed Up: Yes / Not necessary