

Date of Incident: \_\_\_\_\_ Name of preparer (Printed): \_\_\_\_\_

Is this an:  Accident  Incident  Allegation  Other (Specify): \_\_\_\_\_

Name(s) of Child(ren)/Youth: \_\_\_\_\_

How was this incident brought to your attention? \_\_\_\_\_

Adults witnessing or present at the time of the incident: \_\_\_\_\_

Person reporting the incident: \_\_\_\_\_

Date, time, and exact location of the incident: \_\_\_\_\_

Description of the incident as witnessed or reported (continue on back if needed): \_\_\_\_\_

Did anyone else witness the incident?  No  Yes - List Names: \_\_\_\_\_

**Instruct witnesses to complete witness form.**

Were there injuries?  No  Yes - Were the injuries visible?  No  Yes - Please

describe: \_\_\_\_\_

Were the injuries treated?  No  Yes - How were they treated? \_\_\_\_\_

Who treated the injuries? \_\_\_\_\_

Were Parents/guardians notified?  No  Yes - Date/Time: \_\_\_\_\_

Was the RVCC Nurse notified?  No  Yes - Who? \_\_\_\_\_ When? \_\_\_\_\_

Is this an incident requiring mandatory notice to the authorities?  No  Yes

Were any authorities notified?  No  Yes - Who? \_\_\_\_\_ When? \_\_\_\_\_

Were the coordinator, pastor, or other church leaders notified?  No  Yes

Who? \_\_\_\_\_ When? \_\_\_\_\_

Was the insurance company notified?  No  Yes - When? \_\_\_\_\_

Please provide any other pertinent information (continue on back if needed): \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_