

# Jerusalem Church Incident Report

**NOTE:** Please fill out immediately after an incident. One copy of this report must be sent to the Elder in charge of our Child Protection Policy

Date of Report: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM  PM

## Personal Data

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Family Contact (Name and Phone number): \_\_\_\_\_

## Incident Data

Location of Incident: \_\_\_\_\_

\_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the type of injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Witnesses:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Witness description of incident: \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Witness description of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Medical Care Provided:**

Name of person that provided care: \_\_\_\_\_  
Describe in detail care provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was EMS called? Yes  No  If yes, by whom? \_\_\_\_\_

Time EMS called: \_\_\_\_\_ AM  PM

Was the person transported to an emergency facility? Yes  No

If yes, where? \_\_\_\_\_ If no, person returned to activity? Yes  No

Were the parents present Yes  No

How were the parents contacted? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature Parent's/Guardian:**

\_\_\_\_\_

**Report Prepared By:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_