

YOUTH MINISTRY INCIDENT REPORT

Please fill out this form for any incident or accident that occurs while you are serving the youth ministry, whether or not the incident resulted in injury. Provide as much detail as possible and turn in this report as soon as possible after the event.

TODAY'S DATE:

DATE & TIME OF INCIDENT/ACCIDENT:

NAME OF AFFECTED PARTY:

AGE:

M/F

PARENT/GUARDIAN:

PHONE#

NAME OF AFFECTED PARTY (2):

AGE:

M/F

PARENT/GUARDIAN (2):

PHONE#

WITNESS:

PHONE#

WITNESS (2):

PHONE#

PLACE OF INCIDENT:

DESCRIPTION OF INCIDENT:

(CONTINUE ON BACK IF NEEDED)

CAUSE OF INCIDENT (IN YOUR OPINION):

PRINT NAME OF PERSON COMPLETING REPORT:

ADDRESS:

PHONE:

SIGNATURE: