

Instructions

Complete this report under any of the following situations:

- A. A child becomes ill or receives an injury that requires First Aid or medical treatment while in your care;
- B. A child receives a bump or blow to the head or other visible injury regardless of treatment;
- C. A child is transported by ambulance from your facility;
- D. An unusual or unexpected incident occurs that jeopardizes the safety of a child, such as a child left unattended, there is a vehicle accident (with or without injuries), or a child is exposed to a threatening person or situation;
- E. There is an allegation or reasonable suspicion of abuse of a child.
Important: Consult your state's mandatory reporting requirements for further information on abuse reporting; OR
- F. As otherwise required by any state licensing or other authority, such as childcare or daycare licensing. .

Date of Incident:	Time of Incident:
Name and Approximate Age of Child Involved (One Report per Child):	
Contact Information for Child Involved:	
Parent/Guardian: _____	
Address: _____	
Telephone: _____ Email: _____	
Nature of Injury/Incident:	
Location of Incident:	
Description of Incident:	

Was the above information:

Reported to you by someone else? If so, who: _____

OR

Directly observed/witnessed by you?

Action(s) Taken: (Check all that apply.)

Provided First Aid What/When _____

Call placed to 911 By Whom _____

Taken to hospital By Whom _____

Notified Parent/Guardian Who/When: _____

Notified Church Official Who/When: _____

Notified Authorities Who/When: _____

Other _____

Witnesses to Incident:

Name: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Printed Name of Person Completing This Report: _____	
Position at the Organization: _____	
Address: _____	
Telephone: _____	Email: _____
Signature: _____	Date: _____
Signature of Church Official: _____	Date: _____

WITNESS REPORT

Name: _____	
Address: _____	
Telephone Numbers:	
Home: _____	Work: _____
Cell: _____	Email: _____
Date/Time of Incident: _____	

Fully Describe What You Observed:

Anyone else you know who may have witnessed the incident?

Name: _____

Address: _____

Telephone: _____ Email: _____

Printed Name of Witness: _____

Signature: _____

Date Signed: _____