

INCIDENT/INJURY REPORT FORM

Full name of person involved: _____

Date of incident: _____

Parents(s) or Legal Guardian(s): _____

Street Address: _____

City/Town: _____ Postal Code: _____

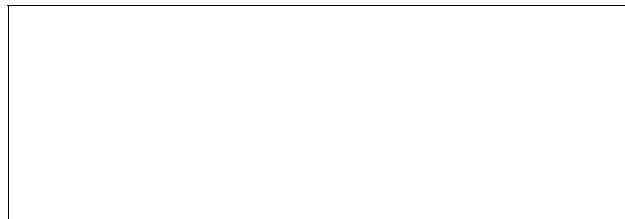
Phone: _____ Business: _____

Fax: _____ Email: _____

Name of Caregiver: _____

Name of Person administering first aid or Assistance: _____

1. Please describe the nature and severity of the injury/incident.
2. What immediate medical attention was required? Was an ambulance or doctor required?
3. Please indicate what part of the body was harmed.
4. Please describe where and how the injury occurred and include a map/diagram of the incident.



5. Were the ministry leader(s), pastor(s), and parent(s) informed immediately? Yes No

Who? 1) (Print) _____ Signature _____

2) Lead Pastor Sign Off: _____ Signature _____

Innisfil Community Church

1571 Innisfil Beach Road, Box 7109 Innisfil, ON L9S 1A9

Phone: (705) 436-1611 Fax: (705) 436-1466