

New Covenant Bible Church Children's Ministries Incident Report

Date of injury: _____ **Time:** _____ AM PM **Assigned Room:** _____

Name of injured child or adult

Parent or Guardian's Name(s) Telephone Number

Address City State Zip

Name of adult in charge to contact Telephone Number

Type of injury (circle) Bite, Broken Bone, Bruise, Burn, Choking, Cut, Eye Injury, Foreign Body, Head Injury, Poisoning, Scrape, Sliver, Sprain, Sting, Other _____

Where did injury occur _____

e.g., nursery, classroom, bathroom, hall, playground, outside, Elementary Area, Preschool Area, Worship Center, include room number

How injury happened (who, what, where, how, when) Continue on backside as needed:

Type of treatment required: _____

e.g. first aid only at the church, visit to doctor's office or clinic, emergency room, hospitalized/sutures, cast, bandage, medication

Names and telephone numbers of those who witnessed the accident:

Picture taken of injury, and texted to: (319) 361-6405

List any repair(s) that need to be made to the facility to prevent this from happening in the future:

In case of an accident involving a child, indicate when parent(s) were informed and by whom:

Parent's signature: _____ (after notification)

Others who were informed/copied: (Circle below and list names) _____

Ministry Leaders:

Sunday:

Children's Church – Loretta Bushlack
Nursery: Kerstin Harker
Tuesday: Moppets room leader

Wednesday: Loretta Bushlack

Thursday: Child Care Coordinator

Adult Injuries: Rick Gallo

**THIS COPY TO:
CHILDREN'S MINISTRIES
OFFICE**