

BINKLEY BAPTIST CHURCH AND PRESCHOOL

Accident/Incident Report Form

Please print.

Date/time of occurrence: _____ Date of this report: _____

Name of person injured: _____ Age: _____

Address of injured: _____

Location of incident: _____

Name of parent/guardian if minor: _____

Name of person(s) who witnessed the incident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe: incident/accident: _____

Describe follow-up actions taken: _____

Signature of person preparing this report: _____ Date: _____

☐ Copy sent to parent/guardian

☐ Copy sent to Minister of CE/Staff member