

NORTH COAST CALVARY CHAPEL

Incident / Accident Report

Name _____ Date _____

Parent/Guardian _____ Time _____ am _____ pm

Address _____

City _____ State _____ Zip _____

Home phone (_____) _____ Cell phone (_____) _____

Email address _____

DESCRIBE INCIDENT (Include nature of injury sustained, location and description of physical surroundings where incident occurred. Draw a picture on other side if needed.)

WITNESS #1:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home phone (_____) _____ Cell phone (_____) _____

WITNESS #2:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home phone (_____) _____ Cell phone (_____) _____

DESCRIBE RESPONSE (First Aid, 911, Notified Pastor on Duty (POD), etc.)

DESCRIBE CORRECTION/PREVENTION: _____

PARENT/GUARDIAN SIGNATURE _____

REPORTED BY : _____ Date: _____

(Please return this completed form to Human Resources to keep on file)