

First Baptist Church of Ocala  
Church-wide Accident/Incident Report  
(Please fill out completely)

Date \_\_\_\_\_

Name of person involved in accident \_\_\_\_\_

If a child, name of parent(s) &/or guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name of teacher/coordinator \_\_\_\_\_

Time of Accident \_\_\_\_\_

Location of accident \_\_\_\_\_

Witness (es) to accident \_\_\_\_\_

Give a description of the accident/incident and care given to the injury.....

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If an **adult** involved in the accident, Signature \_\_\_\_\_

If a **child**, Parent's or Guardian's Signature \_\_\_\_\_

Teacher/Witness Signature \_\_\_\_\_

Minister/Coordinator Signature: \_\_\_\_\_

**Original** to the Children's Ministry office

**Copy** to the adult involved or if a child to the parent/guardian