

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.....

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