

Appendix "A"  
NGCC Incident Report Form

**This form must be completed and submitted to the  
Senior Pastor as soon as possible.**

Leave the form under the door if the office is not open.

TODAY'S DATE: \_\_\_\_\_ DATE OF  
INCIDENT:  Today OR \_\_\_\_\_

TYPE OF INCIDENT:

Injury       Threat       Other

WHERE DID THE INCIDENT TAKE PLACE?

\_\_\_\_\_

WAS ANYONE INJURED?       Yes       No

IF YES, WHO? \_\_\_\_\_

\_\_\_\_\_

WITNESSES

NAME(S) \_\_\_\_\_

\_\_\_\_\_

NAMES OF ADULTS ON DUTY:

\_\_\_\_\_

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(i.e. Sunday school teachers, monitors, supervisors, teen helpers, etc.)

PLEASE DESCRIBE THE NATURE OF THE INCIDENT.  
(What events preceded the incident, who was involved, details of the incident/injury, what happened after the incident.)

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WHAT FOLLOW-UP IS REQUIRED?

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WAS FIRST AID ADMINISTERED HERE?

Yes                       No

IF YES, BY

WHOM? \_\_\_\_\_

DID THE VICTIM GO TO THE HOSPITAL?

Yes

No

IF YES, HOW?

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IF INCIDENT INVOLVED A CHILD, WAS THE  
PARENT/GUARDIAN NOTIFIED?    Yes    No

IF NO, EXPLAIN WHY

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Signature of person reporting the incident

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(The identity of the person reporting the incident will remain confidential.)

## Appendix “B” NGCC Injury Report

Guidelines for filling in report for Caregivers:

- Be as objective as possible.
- Only the facts are recorded – do not give an opinion or be interpretive (Don’t say; “the mop was too close to the garbage can – and fell on the child.” Instead; “the mop fell on her.”).
- **Never use name of OTHER children. Not even “he” or “she”** but only “another child” or “the child”.
- All head injuries need to be reported, even if you don’t see signs of bleeding or concussion
- Every time there is blood, an injury report needs to be filled out.
- Every time there are bruises or bumps, an injury report needs to be filled out.

**This form must be completed and submitted to the  
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**NOTE:** Separate reports are required for each injured person

**NAME OF INJURED:**

\_\_\_\_\_

**DATE OF ACCIDENT:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                                  mm    dd    yr

**ADDRESS:**

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**TIME OF ACCIDENT:** \_\_\_\_\_ am pm

**APPROX. AGE:** \_\_\_\_\_  Male  Female

**TELEPHONE NUMBER:** \_\_\_\_\_

**ON MEDICATION:**  Yes  No  Unknown

Please list:

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**DESCRIPTION OF ACCIDENT**

**TYPE OF ACCIDENT:**

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Property Damage | <input type="checkbox"/> Fall  |
| <input type="checkbox"/> Body Injury     | <input type="checkbox"/> Trip  |
| <input type="checkbox"/> Other           | <input type="checkbox"/> Other |
| <input type="checkbox"/> Slip            |                                |

**EXACT LOCATION ACCIDENT OCCURRED: (be specific)**

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**DESCRIBE INJURY/DAMAGE:**

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**WEATHER CONDITIONS** (if injury occurred outside):

- Snow
- Slush
- Rain
- Clear
- Bright sun
- Extreme Cold
- Other: \_\_\_\_\_

**ACTION TAKEN**

**WAS FIRST AID PROVIDED?**    Yes    No

IF yes, by whom:

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**DESCRIBE FIRST AID GIVEN:**

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**WAS MEDICAL/POLICE ASSISTANCE REQUESTED?**

Yes  No

**IF YES PROVIDE DETAILS:**

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**WAS INJURED PERSON TRANSPORTED TO HOSPITAL?**

Yes  No

**IF YES, GIVE DETAILS (i.e. how, where, When):**

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**DID INJURED PERSON REFUSE ASSISTANCE?**

Yes  No

**COMMENTS MADE BY INJURED PERSON INVOLVED:**

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**WAS INJURED PERSON TAKEN HOME?**

Yes  No

**WAS INJURED PERSON LEFT:**     Alone     with  
family member(s)

**WITNESSES:**

Name:

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Address:

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Phone:

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Name:

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Address:

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Phone:

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**FIRST PERSON TO ASSIST WITH ACCIDENT**

Name:

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Address:

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Phone:

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**COMMENTS:**

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Report Completed by:

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Signature:

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Date: \_\_\_ / \_\_\_ / \_\_\_

**Report was Reviewed by Parent/Guardian of the Child**

Yes     No

Parent/Guardian Signature:

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Date: \_\_\_ / \_\_\_ / \_\_\_

