Calvary

# Calvary Orthodox Presbyterian Church | Child Incident Report

***NOTE:*** ***Please fill out immediately after an incident. One copy of this report must be provided to the church session (session@calvaryopc.com).***

Date of Report: _____ Date of Incident: _____ Time: _____ AM ☐ PM ☐

**Personal Data**

Name:_____ Age: _____ Gender: Male ☐ Female ☐

Address:_____City _____State_____ Zip_____

Phone Number(s): Home: _____ Work: _____

Family Contact (Name and Phone number): _____

**Incident Data:**

Location of Incident:_____

_____

Description of Incident:_____

_____

_____

_____

_____

_____

Describe the type of injury: _____

_____

_____

_____

_____

_____

**Witnesses:**

1. Name:_____Phone Number:_____

   Address:_____City _____State_____Zip _____

   Witness description of incident: _____

   _____

   _____

2. Name:_____Phone Number:_____

Address:_____City _____State_____ Zip_____

Witness description of incident: _____

_____

_____

**Medical Care Provided:**

Name of person that provided care: _____

Describe in detail care provided: _____

_____

_____

Was EMS called? Yes ☐ No ☐ If yes, by whom?_____

Time EMS called: _____ AM ☐ PM ☐

Was the person transported to an emergency facility? Yes ☐ No ☐

If yes, where? _____ If no, person returned to activity? Yes ☐ No ☐

Were the parents present Yes ☐ No ☐

How were the parents contacted?

_____

_____

_____

_____

**Signature of Parent(s)/Guardian(s):** _____

_____

**Report Prepared**

By**:** Name: _____Position: _____

Signature:_____Date: _____