

United Methodist Church UK MA Incident Report Form



Instructions

Complete this report under any of the following situations

- A. A child becomes ill or injured that required first aid or medical treatment
- B. An unusual or unexpected incident occurs that put a child or children at risk of any kind.
- C. There is an allegation or reasonable suspicion of abuse of a child or any vulnerable adult.

Date of incident:	Time of incident:
Name and age of the person involved:	
Contact details of the person:	
For children Parent /Guardian: _____	
Address: _____	
Telephone _____ Email _____	
Nature of injury/ incident _____ _____ _____	
Location of incident _____	
Description of incident: 	
Reported by _____ Date _____	
Reported to _____ Position _____	