



**Incident Report**

This form is to be completed by a Pastor, Staff, or alternate church representative. Documentation should be completed within 24 hours of the incident and submitted to the Ministry Leader (for filing in Human Resources).

Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_

**PEOPLE**

Person(s) Involved:

1) Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Member  Staff  Visitor/Group (if part of a group, provide name) \_\_\_\_\_

2) Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Member  Staff  Visitor/Group (if part of a group, provide name) \_\_\_\_\_

Witness(es):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**INCIDENT**

Campus or location where incident occurred: \_\_\_\_\_

Incident Type:  Behavioral/Confrontation  Accidental  Illness  Missing Person  Suspicious Activity

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Time of Response to Incident: \_\_\_\_\_

Incident initially reported by: \_\_\_\_\_ Who Responded: \_\_\_\_\_

Where (on the campus) did the incident occur? \_\_\_\_\_

Description of Incident/Injuries, actions taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCIDENT** (cont'd)

Person(s) administering first aid: \_\_\_\_\_

Did the injured leave the facility?  Yes  No

If yes, with whom (name, contact information, transportation method) and where were they taken?  
\_\_\_\_\_  
\_\_\_\_\_

Did the injury occur during a violation of law or church regulation or object/equipment malfunction?  Yes  No

If yes, please describe below:  
\_\_\_\_\_  
\_\_\_\_\_

**VITAL SIGNS** (if indicated)

BP: \_\_\_\_\_

Pulse: \_\_\_\_\_

RR: \_\_\_\_\_

O<sub>2</sub> Sat: \_\_\_\_\_

Temp: \_\_\_\_\_

Pain: \_\_\_\_\_ /10

Did the incident involve a minor?\*  Yes  No

If yes, were the parents contacted/notified?  Yes  No

Was a Bayside Kids Accident & Incident Form completed? \*\*  Yes  No

Is there a Waiver/Medical Release Form on File (if indicated)?  Yes  No

Did the incident involve a vulnerable adult or special needs person?\*  Yes  No

*\*If you answered 'Yes' to any of these questions, please provide additional detail below.*

*\*\*Incidents involving minors must have an Bayside Kids Accident & Incident Form completed by a Bayside Kids staff member/volunteer.*

**FOR INCIDENTS INVOLVING MINORS**

Parent(s)/Guardian(s) Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date/Time Notified: \_\_\_\_\_

Staff Present at time of incident: \_\_\_\_\_ Staff/Participant Ratio at time of incident: \_\_\_\_\_

**FOR INCIDENTS INVOLVING MINORS/VULNERABLE ADULTS**

Does this incident involve alleged child or vulnerable adult abuse?  Yes  No

If yes, was the appropriate state agency was notified?  Yes  No

*Child Abuse Agency: (800) 962.2873*

*Law Enforcement: 911*

Name of person filing report with the agency: \_\_\_\_\_

State Agency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date/Time report submitted: \_\_\_\_\_

Date/Time BCC Staff notified: \_\_\_\_\_