



MEDICAL/SECURITY INCIDENT REPORT

Use this form to report injuries, accidents, medical situations, and criminal activities on church property within 24 hours, if possible.

REPORTED BY _____ ROLE/TITLE _____

EMAIL _____ PHONE _____
For follow-up, if needed

INDIVIDUAL INVOLVED

NAME _____ AGE, IF MINOR _____

EMAIL _____ PHONE _____

ROLE (MEMBER, GUEST, VOLUNTEER) _____

IDENTIFICATION, IF NEEDED (*Driver's License or other form of ID*) _____

If individual is a minor, please complete the following information:

PARENT /GUARDIAN NAME _____

EMAIL _____ PHONE _____

WITNESS OF INCIDENT

If no one witnessed the incident, please leave blank.

NAME _____

EMAIL _____ PHONE _____

ROLE (STAFF, MEMBER, GUEST, VOLUNTEER) _____

INCIDENT INFORMATION

DATE OF INCIDENT _____ TIME OF INCIDENT _____ AM OR PM

FELLOWSHIP CAMPUS _____ MINISTRY AREA _____

SPECIFIC LOCATION OF INCIDENT _____

TYPE OF INCIDENT

- ☐ Injury
- ☐ Accident
- ☐ Theft
- ☐ Property Damage
- ☐ Medical Issue
- ☐ Other _____



MEDICAL/SECURITY INCIDENT FORM

DESCRIPTION OF INCIDENT

Please provide a factual description on the incident.

IMMEDIATE ACTION TAKEN

- ☐ Police Notified | Report Filed YES OR NO
- ☐ First Aid Administrated | On-Site OR Hospital
- ☐ Emergency Services Called
- ☐ Taken to Hospital | By Family OR By Ambulance

Details of Immediate Action Taken:

SIGNATURE OF PERSON COMPLETING REPORT

DATE

FOR LEADERSHIP USE ONLY

FOLLOWED UP BY

 DATE

Additional Comments
