



ST. POLYCARP CHURCH Accident/Incident Report Form

Event Name: _____

Date of incident: _____ Time: _____

Location of incident: _____

Name of Person handling incident: _____

Name of individual involved/injured: _____

Address: _____

Phone Number(s): _____

Date of birth: _____ Male _____ Female _____

Please check one: Visitor Parishioner Employee Volunteer Child/Student

Type of incident:

1. _____ Injury to visitor, parishioner, employee, volunteer, child/student

Type of injury: _____

Details of injury:

Injury requires physician/hospital visit? Yes _____ No _____

Name and address of physician/hospital: _____

Physician/hospital phone number: _____

Signature of injured party

Date

*No medical attention was desired and/or required.

*

Signature of injured party

Date

2. _____ Menacing or threatening

3. _____ Theft of property

4. _____ Other _____



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Describe the incident:

Summary of Action Taken (Include any contact with fire dept., police, first aid given, etc.)

Names and phone numbers of others involved:

Person involved: _____

Phone: _____

Person involved: _____

Phone : _____

Person involved: _____

Phone: _____

Name, signature and phone number of person completing this form:

NOTE: The Secretary at the Parish Office should have this report as soon as possible, but no later than 9:00 a.m. on the morning following the incident.

Information recorded by _____ Date

If you think insurance is needed, complete the above, and supply the following also:

Witness: _____

Phone: _____

Witness: _____

Phone: _____