

Incident Information:

Date of incident: ____ / ____ / ____

Location: _____

Ministry Event at the time of the incident:

Individual(s) Responsible for direct oversight at the time of the incident:

Person(s) involved in the incident:

Type of incident:

Behavioral: ____ Injury: ____ Illness: ____ Other: _____

Location: _____ Date: _____ Time: _____

Description of the incident:

Care or action taken due to incident:

Others present at the time of incident:

Parent/Guardian Notification:

Was parent / guardian Notified? Yes ____ No ____

Who contacted parent(s)? _____

Parent/Guardian response:

Additional Care Needs:

Individual was released to the care of:

Self ____ Parent or Guardian ____ EMS ____

Parent or Guardian name(s): _____ / _____

Signature of parent/guardian: _____ Date ____ / ____ / ____

Person completing report

Name: _____

Phone: _____

Ministry Head Signature: _____ Date ____ / ____ / ____

- **Attach additional notes such as EMS/ ER / Police reports as well as any follow up conversation with individuals or parents concerning this incident.**
- **Complete this form (PAGES 1 AND 2) and send with supporting documents to frontdesk@covenantlife.net**