ARMIDALE DISTRICT BAPTIST CHURCH
Sharing Christ's Love in Community

Accident / Incident Report

All accidents/incidents should be recorded

Date: ……/……./……

Time: ……

Name of person injured: ……

Details of accident/incident:

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Nature of injury: ……

Witness to accident/incident: ……

What treatment was given? ……

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Who administered the treatment? ……

Is this person a trained first aid officer? (circle) Yes No

Was medical intervention by a doctor required? (circle) Yes No

Was a parent/guardian notified? (circle) At the time of the accident

When the child was picked up

(this is not applicable if the injured person is an adult)

Other comments:

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Name of Witness	
Signature:	Date:

Name of Person Completing the Report	
Signature:	Date:

* Please make a copy of this report and give a copy to the parent/guardian of the child or the injured adult.

Copies of this form are near the First Aid Box in the Kitchen
or can be downloaded from the church website.

To return the completed form …

1. Scan and email the form to safe@adbc.org.au (preferred option)
2. If the church office is open place the form in the Safe Church Team drawer on the right-hand side, just inside the office door; or
3. Give to a Safe Church Team member on the next Sunday.