



**Allegheny East Conference Corporation
Youth Ministries Department
Accident/Incident Report**



Department:		Date:	
Name of Person Completing Form:			
Email Address:		Telephone #:	
Mailing Address:			
Name of Person Injured:		Age:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Email Address:		Telephone #:	
Mailing Address:			
Name of Parent/Guardian (if minor)			
Email Address:		Telephone #:	
Mailing Address:			
Date of Accident:		Time of Accident:	
Accident Location:		Was a leader notified immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was injured person participating in an activity at time of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what activity?			
Describe the sequence of incident/activity in detail including what the injured person was doing at the time:			
Any equipment involved in accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind?			
What could the injured have done to prevent injury?			
Emergency procedures followed at time of incident/accident:			
By whom?			
Witnesses Information (Signed statements can be attached)			
Name	Email Address	Telephone #	
Were parent/guardian notified? <input type="checkbox"/> Yes <input type="checkbox"/> No By <input type="checkbox"/> Writing <input type="checkbox"/> Telephone <input type="checkbox"/> Other _____			
Parent's Response			
For Youth Department Office Use Only			
Received by:		Date:	
Follow up action:			