

ICBC INCIDENT REPORT

To be completed for any Accident, Physical Injury, or Illness that takes place at ICBC or a church event.

(Please print all information)

Note: For anyone under age 18, please contact parent, guardian, or emergency contact immediately upon discovery of accident, injury, or increased illness symptoms.

Date of accident, injury, or illness: _____ Time occurred or symptoms progressed: _____

Name of individual ill or injured: _____

Address of individual: _____

Location of accident: _____

Parent or guardian (if under age 18): _____

Check if agree:

- If under 18 years old: Parent, guardian, or emergency contact were notified immediately
- Individual injured was over 18 years old
- An ambulance was called. Comments: _____
- Injury was significant (blood, swelling, broken bone, etc.) Comments: _____
- Witnesses were present. Comments (including names of witnesses):

- Illness symptoms appeared to be getting worse. Comments:

- Property was damaged. Comments:

- The cause of the injury or accident has been removed. Comments: _____

Please describe the incident, injury, illness, or accident with any details that were not already addressed in this form:

Name of person filling out this form: _____ Date: _____

Please hand this form into Pastor Chris or slide it under his office door immediately. Thank you.