



MERCY CHURCH SAN ANTONIO

ACCIDENT/INCIDENT REPORT

This is to report: FIRST AID INCIDENT OBSERVATION

When	Date of accident/incident: _____ Time of accident/incident: _____ Reported to: _____
Who	Person's Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Witness Information: (Please include phone number) Name: _____ Phone number: _____
Where	Exact location where the accident/incident occurred: _____ _____
What	Please provide step-by-step how incident occurred: _____ _____ _____ _____ _____ _____ _____

<p>Actions Taken</p>	<p>Was medical treatment provided? YES NO REFUSED If so, what was given? _____ By whom? _____</p> <p>Was EMS contacted? YES NO</p> <p>Was further assistances needed / offered? If so, please describe: _____ _____ _____</p>
<p>Signature</p>	<p>The above incident has been explained and discussed by Mercy Church personnel. We agree and understand the incident described above. This information has been reported accurately, and to the best of our knowledge.</p> <p>Signature of person involved: _____</p> <p>Print name of guest or parent / guardian (If under 18 years old): _____</p> <p>Signature of guest or parent / guardian (If under 18 years old): _____ Date: _____</p>
<p>For Office Use Only</p>	<p>Individual submitting report: _____ Date submitted: _____</p> <p>Describe follow up: _____ Date of follow up: _____</p>