



**First Aid Incident Report – Record Form**

*This form is to be completed by an adult witness whenever an incident requiring secondary medical attention occurs (e.g. injury leading to a child going to a medical centre). The completed form should be given to the injured adult or the parent/guardians of an injured child under 18 years of age, and a copy needs to be filed for future reference (securely) by the Board.*

**GENERAL INFORMATION**

Name of church where the incident occurred: \_\_\_\_\_

Name of group/activity/ministry: \_\_\_\_\_

Adult supervisor(s)/leader(s): \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Names of parents/guardians (as applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

**DESCRIPTION OF INCIDENT:**

1. Describe the incident – what is the presenting issue, without making diagnosis if not qualified to do so:

- i. Where in the facility/site did it happen?
- ii. What area of the person’s body was injured?
- iii. What was the person doing when the incident happened?
- iv. How did the incident happen?

2. Name(s) of leader(s) supervising at the time of the incident (as applicable):  
\_\_\_\_\_

3. Name(s) of any other witnesses to the incident:  
\_\_\_\_\_

4. How did the person respond after the incident?  
\_\_\_\_\_



5. Was first aid given or some other action taken? Yes. / No

If yes, by whom & what was given? \_\_\_\_\_

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6. Follow up actions: \_\_\_\_\_

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**DETAILS OF PERSON COMPLETING THIS FORM:**

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Phone: \_\_\_\_\_

*Depending on the severity of the incident, Session may need to be informed. If in doubt, speak to the Session Clerk and/or minister.*

*If the incident was property-related, a copy must be sent to PCV Office, in case of a resulting insurance disclosure/claim.*