Christ Church
Sugar Land
A UNITED METHODIST COMMUNITY

# ACCIDENT/INCIDENT REPORT

Date _____ Time _____

Name of Injured Person _____

Phone _____ Alternate _____

Address _____

Age of Victim (if a Minor) _____ Parent _____

Location of Injury _____

Program or Event _____

Description of Injury _____

_____

Description of Event _____

_____

First Aid Steps Taken _____

_____

If victim was taken for Medical Assistance, specify physicians, facility, diagnosis, and treatment given:

_____

_____

Supervisor at time of incident _____ Phone _____

Witness to incident _____ Phone _____

Name of person completing report _____ Phone _____

Is this a Potential WorkComp Claim? _____

Other pertinent information _____

Return completed report to the Payroll/Benefits Administrator immediately.