



First Baptist Church of Patchogue
ACCIDENT / INCIDENT FORM
Submit Form to Trustees and Pastors

Name: _____

Address: _____

Phone: _____ Email: _____

Ministry Leader at Event: _____

Date of Accident / Incident: _____ Time: _____

Activity: _____

Location: _____

Witnesses: Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe Accident / Incident

Describe Injury

Describe Action Taken

Parent Contacted at: _____