

**LEXINGTON BAPTIST CHURCH  
INCIDENT/INJURY REPORT**

Name of Person Completing Form: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Date of Incident/Injury: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

How and where did the incident/injury occur (attach additional sheet, if necessary)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Person injured: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Parents/Guardians informed of injury? Yes \_\_\_\_\_ No \_\_\_\_\_

Date when parents/guardians informed: \_\_\_\_\_

Injuries sustained: \_\_\_\_\_

Was person injured taken to hospital/doctor? Yes \_\_\_ No \_\_\_ Date (if known) \_\_\_\_\_

Description of injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Offender: \_\_\_\_\_

Witnesses:

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

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Did person completing this report witness incident/injury him/herself?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Report: \_\_\_\_\_