

LIFEPOINTE CRITICAL INCIDENT REPORT

Date of incident: _____ Time: _____ AM / PM

1. Person Injured Information:

Name: _____ Age: _____

Parent Name (if minor) _____

Address: _____

Phone: Home _____ Mobile: _____

2. Incident Information

Where did the incident occur (Be specific to inside or outside of church, which rooms, etc.):

Injuries Sustained:

Full Description of the Incident (Narrative):

What 911/EMS Called? YES / NO

Was the individual transported to the hospital? YES / NO

If YES to the above question, was the person transported via (circle one below)

FAMILY

FRIEND

SELF

EMS

OTHER

(OVER)

Name(s) of LifePointe Staff, Medical Team, Safety Team, KidPointe, etc. that had contact with the individual once injured?

3. Witnesses

Name(s) of witnesses to the incident.

Name: _____ Best Contact Phone _____
Address: _____

Name: _____ Best Contact Phone _____
Address: _____

Name: _____ Best Contact Phone _____
Address: _____

Name: _____ Best Contact Phone _____
Address: _____

4. Person Completing Form

Name: _____

Date of Report: _____

Signature: _____

5. Staff Follow Up and Notes