

# Bethany Kids – Incident Report Form

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Child's Name

Child's Age

Date of incident

 /  /  

MM DD YYYY

What time did this incident occur?

Was a family member notified?

Yes

No

Name of family member who was notified.

Phone Number of family number notified

 -  - 

### ### ####

Which Bethany Campus is reporting the incident?

 

Name of person filling out this report

Names of witnesses

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Incident Details

Description of event – what happened?



Description of aid provided – how did we respond?



Details of any other assistance provided (medical aid, ambulance, police, etc.)

If needed, attach File here

No file chosen

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