ACCIDENT/INCIDENT REPORT FORM

Per Texas Family Code Sec. 261.101, Texas is a mandatory reporting state. Any person having cause to believe that a participant’s physical or mental health or welfare has been adversely affected by abuse or neglect by any person is obligated by Texas law to immediately make a personal report to a law enforcement agency or to the Texas Department of Protective and Regulatory Services (TDPRS) Abuse Hotline (1-800-252-5400) or online at www.txabushotline.org. In addition, accidents and incidents, whether abuse, neglect or other, that occur on the property of or within the context of ministry by First United Methodist Church (FUMC) shall be immediately reported to church staff using this form.

Person Completing Form: ___________________________ Role: ___________________________

Date and Time of Incident: _______________________ Place of Incident: _______________________

Describe Incident, including names of any alleged victims and any accused of wrongdoing.
____________________________________________________________________________________
____________________________________________________________________________________

Was anyone hurt? Describe the nature of the injury.
____________________________________________________________________________________

Witness(es) to Incident:
____________________________________________________________________________________

What action was taken? Describe medical treatment/first aid if any.
____________________________________________________________________________________

Was Parent/Guardian Contacted? □ YES □ NO Time: _______ How? __________________________

Check at least one church staff member below who has been notified of incident:

□ Director of Children’s Ministries □ Associate/Executive Pastor
□ Director of Youth Ministries □ Senior Pastor (must receive a copy of all reports)

______________________________ __________________________
Signature of Reporter Date/Time

______________________________ __________________________
Signature of Parent/Guardian Date/Time

______________________________ __________________________
Signature of Church Staff Member Date/Time

This form to be completed at the time of the accident/incident, with copies given to (1) the person accused of wrongdoing (if any), (2) the reporting individual, (3) the parent, (4) the Senior Pastor, and/or (5) the FUMC Human Resources Officer and/or SPRC as appropriate.