

**Anglican Church of Canada
Diocese of Fredericton**

Regulation 4-4: Diocesan Safe Church

Schedule D– Accident/Medical Incident Report Form

Organization Name: _____

Report date: _____ Time of report: _____

CONFIDENTIAL

Full Name: _____

Date of Birth: _____ Gender: M F
(not applicable for adult)

Full Address: _____

Phone Number: _____

Name of Parent/Guardian or Caregiver: _____

Notified: Yes No

If yes, date/time/nature of notification: _____

Address: _____

(If different from above)

Phone number: _____
(If different from above)

Date/time and location of incident: _____

Description of incident: _____

Names/contact information of witnesses: _____

Description of injuries sustained: _____

Description of action taken: _____

Additional information including any direct quotes form participants or witnesses:

Direct quotes from child/youth/adult: (Note: If this is an abuse allegation, do not interview the child/youth but report only the comments they share with you.)

I hereby confirm that the information provided in this report is accurate to the best of my knowledge.

Name of Person making report (please print): _____

Signature: _____

Phone/ Number: _____

Address: _____

Date: _____