

# Mechanicsville UMC

## Incident/Accident Form

*This form is to be completed by an adult member of staff (volunteer or paid) when an incident or an accident occurs. Notify the MUMC Staff as soon as possible and turn in the form for filing.*

Date: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address of Injured: \_\_\_\_\_

Place of Incident: \_\_\_\_\_

Incident Details: \_\_\_\_\_

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If Minor, Parents/Caregiver Informed

By: \_\_\_\_\_

Time of Notification: \_\_\_\_\_

Method of Notification: ☐ In Person ☐ Other \_\_\_\_\_

Comments: \_\_\_\_\_

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Signatures

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Church Staff: \_\_\_\_\_ Date: \_\_\_\_\_

If Minor, Parent: \_\_\_\_\_ Date: \_\_\_\_\_