

APPENDIX B

Accident Report

**First Presbyterian Church
Durham, NC**

Please provide the following requested information, if known.

Name and contact information of the person reporting the accident:

Date/time of the accident: _____

Location of the accident: _____

Child/Youth's name (a separate report is required for each child/youth involved):

Parent(s)/Guardian(s) notified: **Yes / No**

Parent(s)/Guardian(s)' names: _____

Date/time parent(s)/guardian(s) were notified and how: _____

Time/date when the child/youth was returned to the parent(s)/guardian(s): _____

Please give a description of the accident, including what measures were taken by you and others to provide aid, and the names of any others who witnessed the accident.

(name)

_____ on _____.

(signature)

(date)

APPENDIX C

Follow-up action taken (to be completed by Staff Member in Charge)

Report of Suspected Child Abuse

First Presbyterian Church, Durham

PART I —To be completed by the person reporting the suspected abuse:

Name and Contact information of person reporting suspected abuse:

Date/time of suspected abuse:

Location of suspected abuse:

Minor's name (A separate report is to be made for each minor involved):

Name and contact information of Parent(s)/Guardian(s) of minor:

Please describe the circumstances of suspected abuse: (Use a separate sheet of paper if needed.)

1. If based on personal observation, specify what was observed as factually as possible.

2. If based on statements of child, use the child's words to relate what was said.

3. If based on statements from another person(s), identify the person(s) involved and relate what was said as accurately as possible.

Name and contact information of person accused of suspected abuse:

Relationship of child to person accused of suspected abuse, if any:

PART I of this report was submitted to the Staff Member in Charge or the Minister

Provide Name/Date: _____ / _____

Name and Signature of person completing PART I:

_____ / _____

Name and Signature of Staff Member in Charge or Minister receiving this report:

_____ / _____

PART II—To be completed by the Minister

Please indicate to whom notification of the report has been given:

Parent(s)/Guardian(s) of child: _____

Date/Time: _____

Staff member in charge of the program/activity: _____

Date/Time: _____

Member of Screening Review Committee: _____

Date/Time: _____

Others: _____

Date/Time: _____

Others: _____

Date/Time: _____

Others: _____

Date/Time: _____

Other actions taken:
