



Antioch Christian Church
Children in the Kingdom Youth Ministry

INCIDENT REPORT

Child's Name: _____

Date: _____

Today an incident occurred that we feel you should be made aware of:

Action Taken:

Staff Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Please make three (3) copies of the signed reports. Provide one copy to the parent, file one in the Youth Ministry file(s), and provide one copy to Church Administrator.