

# VOUS Kids Incident Report

Reported by: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
*Servant Leader Name*

Child's Full Name: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Incident Type:

☐ Non-Life Threatening    ☐ Life Threatening

Specific Location of Incident:

\_\_\_\_\_

Incident Description:

Name of Parent Contacted:

\_\_\_\_\_

Method of Contacting Parent:

\_\_\_\_\_

Time Parent was Contacted:

\_\_\_\_\_

Follow Up Action:

VOUS Kids Director / Coordinator Name: \_\_\_\_\_

VOUS Kids Director / Coordinator Signature: \_\_\_\_\_

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