

CHARLESTON ATLANTIC PRESBYTERY'S  
VISION AND COVENANT FOR OUR MINISTRY WITH CHILDREN AND YOUTH  
THE CHURCH AS A SAFE PLACE FOR CHILDREN COVENANT

... *“Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these. I tell you the truth, anyone who will not receive the kingdom of God like a little child will never enter it.” And he took the children in his arms, put his hands on them and blessed them.* Mark 10:14-16

**A Vision for Children and the Church**

Because we affirm that all children are a gift of God, created by God and created good;  
all children are a gift to the whole of the human community;  
all children have a real faith, and gifts for ministry;  
all children have the right to be children;  
and all children are not just tomorrow, they are today.

Because we believe that all children depend upon adults for safety and security  
in a world that does not always value children;  
all children are affected first and most deeply by those things that work against  
health and wholeness:  
where there is disease, children sicken and die;  
where there is homelessness, children sleep on the streets and in other dangerous  
places;  
where there is war, children are frightened and without a safe place;  
where the air and water are polluted, children feel the effect in their bodies and in  
their futures;  
where there is shame, children's spirits are wounded.

Therefore we hope for a world where all children can find a safe place;  
where all ages, races, genders, creeds, and abilities are recognized, valued, and  
celebrated;  
where all adults hear the voices of children and speak with as well as for them;  
where all children have “first call” on the world's resources and first place in the  
minds and hearts of the world's adults.

Because Jesus welcomed children and encouraged us to welcome them in his name;  
Jesus lifted up a child as an example of what the realm of God is like;  
Therefore we hope for a church  
where we take seriously our baptismal vow to nurture all children committed to  
our care;  
where we bring good news to all those places where children are in need;  
where adults and children alike share in ministry.

**We covenant to act so that this vision may be made real for all children, now and in  
times to come.**

Adopted by the 205<sup>th</sup> General Assembly, 1993

## CHURCH AS A SAFE PLACE FOR CHILDREN COVENANT

### GENERAL PURPOSE STATEMENT

Because we believe that children are a gift of God as demonstrated by Jesus welcoming them; because we believe in the *Vision for Children* adopted by the 205<sup>th</sup> General Assembly; and because we are called, as God's people to nurture, love, and care for our children, Charleston Atlantic Presbytery has adopted the following covenant to provide a safe place for our children and youth to experience the kingdom of God.

For the purpose of this covenant, the terms "child" or "children" include all persons under the age of eighteen years.

### COVENANT FOR THOSE SERVING ON THE NURTURE MINISTRY UNIT AND RELATED COMMITTEES

1. Nominating Committee will contact a nominee inviting him/her to have his/her name placed in nomination to serve on the Nurture Ministry Unit. As part of this conversation the Nominating Committee Member will acknowledge the presbytery's *Church as a Safe Place Covenant* that requires all those serving on the Nurture Ministry Unit to receive Session endorsement and confirmation of a recent (in the last three years) background check. If Session endorsement and a recent background check have not occurred, then the nominee will complete a *Volunteer Offering of Service* form which includes a background check.

In selecting nominees to serve with children, the following guidelines will be followed:

**a. Six Month Rule**

No volunteer will be considered for any position involving contact with minors until s/he has been involved in his/her Charleston Atlantic Presbytery congregation for a minimum of six months. This time allows for better evaluation and suitability of the applicant for working with children.

**b. Session Endorsement form or Completed Volunteer Ministry Offering of Service form**

All persons seeking to work with children must complete a *Session Endorsement* form or a *Volunteer Ministry Offering of Service* form supplied by the presbytery. The *Session Endorsement* form will request basic information, Session endorsement and verification of a recent background check. The *Volunteer Ministry Offering of Service* form requests basic information from the volunteer and will inquire into previous experience with children, previous church affiliation, reference and employment information, disclosure of any Background checks will be conducted by the Presbytery Executive. The *Volunteer Ministry Offering of Service* form will be maintained in confidence on file at Charleston Atlantic Presbytery. Only the Presbytery Executive, and Presbytery Stated Clerk will have access to this file.

**c. Reference Checks**

As part of the *Volunteer Ministry Offering of Service* vetting, reference checks will be conducted. At least one of the references should be of an institutional nature, preferably from an organization where the volunteer has worked with children in the past. Documentation of the reference checks will be maintained in confidence on file at Charleston Atlantic Presbytery. Only the Presbytery Executive and Presbytery Stated Clerk will have access to this file.

**d. Personal Interview**

In the event the *Volunteer Ministry Offering of Service* form or the reference checks indicate any issue requiring additional information, a face-to-face interview conducted by the Presbytery Executive will be scheduled with the applicant to discuss their offering of service to the presbytery.

2. A copy of the *Permission to Notify Session for Safe Place Endorsement* form or *Volunteer Ministry Offering of Service* form is sent to the nominee. It should be completed and returned to the Presbytery Executive within ten days.
3. The Presbytery Executive will proceed accordingly by either sending a *Session Endorsement* form to the clerk of session or begin conducting reference checks, background checks, and personal interviews as previously outlined. This should be accomplished within forty-five days of receiving the forms.
4. Once the nominee is authorized to be in ministry with children and youth, the Nominating Committee is notified and the name is placed in nomination.
5. Co-opted members of the Camp and Conference Committee, Children's Committee, Middle School Committee, High School Committee (Youth Council), and Bethelwoods Bus Chaperones will be asked to complete a *Session Endorsement* form or a *Volunteer Ministry Offering of Service* form following the same procedure as Nurture Ministry Unit nominees.
6. Training for the Nurture Ministry Unit and committee members will be conducted annually, usually at the first meeting of the year.

Charleston Atlantic Presbytery  
VOLUNTEER MINISTRY OFFERING OF SERVICE

*Do your best to present yourself to God as one approved by him, a worker who has no need to be ashamed, rightly explaining the word of truth. II Timothy 2:15*

Through a variety of activities and programs, Charleston Atlantic Presbytery seeks to provide opportunities for faith-filled nurture of the children in our congregations. In our desire to provide a safe place for all involved, we ask all volunteers involved in our ministry with children to complete this form and return it to the Presbytery Executive within ten days.

**GENERAL INFORMATION**

Full Name: \_\_\_\_\_

Name you go by: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employer: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Work Status: \_\_\_ full time \_\_\_ part time \_\_\_ retired \_\_\_ student \_\_\_ other

**Excluding minor traffic offenses, please list arrests for or convictions of any crimes:**

(OVER)

## **CHURCH BACKGROUND INFORMATION**

Church: \_\_\_\_\_

How long a member? \_\_\_\_\_

1.) Tell us about your faith journey.

2.) Why do you feel called to serve the presbytery in ministry with children and/or youth?

3.) What leadership roles have you held in your church? Please include roles that involved children and/or youth and those that did not.

## **EXPERIENCE**

Please list your work/volunteer experiences with children and/or youth outside of the church.

## REFERENCES

Please list three references, at least one of which is of an institutional nature.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Dates known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Dates known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Dates known: \_\_\_\_\_

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### PERMISSION TO NOTIFY LOCAL CHURCH

I, \_\_\_\_\_ (printed complete name), hereby authorize Charleston Atlantic Presbytery to contact my church for signed and witnessed affirmation that \_\_\_\_\_ Presbyterian Church has completed a background check and authorized me to be in ministry with children and youth in my congregation. I release Charleston Atlantic Presbytery and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

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

(OVER)

Charleston Atlantic Presbytery

BACKGROUND INVESTIGATION CONSENT

Please complete this form if your church does not conduct background checks for its Safe Place Covenant.

I, \_\_\_\_\_ (complete name), hereby authorize

Charleston Atlantic Presbytery to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my *Volunteer Ministry Offering of Service* form and/or obtaining other information, which may be material to my qualifications as a volunteer, advisor, chaperone, mentor, or leader now, and if applicable, during the tenure of my service with Charleston Atlantic Presbytery.

I release Charleston Atlantic Presbytery and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Full name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Information to be completed by presbytery staff:**

Maiden Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

DOCUMENTATION OF REFERENCE CHECK

Name of Volunteer/Worker: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Method of Contact (check one):  telephone  email  letter

Reference's Contact Information (phone number, email, or mailing address)

\_\_\_\_\_

Reference Type (check one):  former employer  former volunteer  
 personal  other: \_\_\_\_\_

\*\*\*\*\*

▶ How long have you known the applicant? Under what circumstances?

▶ What is your knowledge of this person's work with children/youth?

▶ How would you describe this person's manner of interacting with children/youth?

▶ Based on your observations, is this person reliable and dependable?

▶ Would you feel comfortable with this person being alone with a small group of children/youth for a period of time? Why or why not?

▶ Do you have any concerns we should know about regarding this person's ability to work with children/youth?



(OVER)

▶ Were you ever made aware of circumstances in which this person's care of children/youth was called into question or criticized? If yes, please describe the circumstances.

▶ Were you ever made aware of any criminal or civil investigations or actions taken against this person? If yes, please describe the circumstances.

▶ Do you recommend this person to work with children/youth? Why or why not?

▶ Is this person eligible to work with your organization's children again in the future? If no, why not?

▶ Additional notes or comments

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
(Person Checking Reference)

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

**PERMISSION TO NOTIFY SESSION FOR SAFE PLACE ENDORSEMENT**  
**Return within ten days of receipt.**

CHARLESTON ATLANTIC PRESBYTERY'S  
VISION AND COVENANT FOR OUR MINISTRY WITH CHILDREN AND YOUTH  
THE CHURCH AS A SAFE PLACE FOR CHILDREN COVENANT

... *“Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these. I tell you the truth, anyone who will not receive the kingdom of God like a little child will never enter it.” And he took the children in his arms, put his hands on them and blessed them.* Mark 10:14-16

**A Vision for Children and the Church**

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all children have the right to be children;  
and all children are not just tomorrow, they are today.

Because we believe that all children depend upon adults for safety and security  
in a world that does not always value children;  
all children are affected first and most deeply by those things that work against health and wholeness:  
where there is disease, children sicken and die;  
where there is homelessness, children sleep on the streets and in other dangerous places;  
where there is war, children are frightened and without a safe place;  
where the air and water are polluted, children feel the effect in their bodies and in their futures;  
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Therefore we hope for a world where all children can find a safe place;  
where all ages, races, genders, creeds, and abilities are recognized, valued, and celebrated;  
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where all children have “first call” on the world's resources and first place in the minds and hearts of the world's adults.

Because Jesus welcomed children and encouraged us to welcome them in his name;  
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Therefore we hope for a church  
where we take seriously our baptismal vow to nurture all children committed to our care;  
where we bring good news to all those places where children are in need;  
where adults and children alike share in ministry.

**We covenant to act so that this vision may be made real for all children, now and in times to come.**

Adopted by the 205<sup>th</sup> General Assembly, 1993

I, \_\_\_\_\_ (print complete name), hereby affirm “A Vision for Children and the Church” and authorize Charleston Atlantic Presbytery to contact my church for signed and witnessed affirmation that \_\_\_\_\_ Presbyterian Church has completed a background check and authorized me to be in ministry with children and youth in my congregation. I release Charleston Atlantic Presbytery and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

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

Charleston Atlantic Presbytery

THE CHURCH AS A SAFE PLACE COVENANT

**SESSION ENDORSEMENT**

Because we believe that children are a gift of God as demonstrated by Jesus welcoming them; because we believe in the *Vision for Children* adopted by the 205<sup>th</sup> General Assembly; and because we are called, as God’s people to nurture, love, and care for our children, Charleston Atlantic Presbytery has adopted the attached covenant to provide a safe place for our children and youth to experience the kingdom of God. (see “A Vision for Children and the Church”)

Charleston Atlantic Presbytery’s *Nurture Ministry Unit shall be responsible for providing presbytery-wide spiritual nurture and development events for individuals of all age groups within the local churches of Charleston Atlantic Presbytery. The areas of ministry within the Ministry Unit will include the following: Camp and conferences, Children’s Ministry and their families, Middle School Ministry and their families, High School Ministry and their families, and Adult Ministry.* (from Manual of Administrative Operations) The Nurture Ministry Unit operates with the following committees: Camp and Conference, Children’s Ministry, Middle School Ministry, High School Ministry (Youth Council), and Adult Ministry. The various committees are made up of ministry unit members and co-opted members from churches in the presbytery.

The Session of \_\_\_\_\_ Presbyterian Church does hereby attest that the following Nurture Ministry Unit nominee/co-opted committee member, \_\_\_\_\_ (printed name of nominee/co-opted member) has been a member of this church for at least six months and is authorized to be in ministry with the children and youth of this church and has had a recent (within the last three years) background check. Thereby, we endorse his/her service to the Charleston Atlantic Presbytery Nurture Ministry Unit and its committees.

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

Witness Name (printed): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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

Please return within thirty days to: Presbytery Executive  
Charleston Atlantic Presbytery  
2421 Ashley River Rd  
Charleston, SC 29414

## COVENANT FOR PRESBYTERY SPONSORED EVENTS FOR CHILDREN

1. Participating churches should provide at least one adult for every six children at presbytery sponsored events. (The exceptions are the Children's Retreat which is a one to four ratio and in the case of bus transportation, the ratio is one to twelve with at least two presbytery approved chaperones on each bus.)
2. When an overnight is involved, if there are male and female children participating, the church must provide male and female adult chaperones.
3. At least two adults will be present at presbytery events or meetings where children are present, i.e. chaperones in a cabin, or leading small groups.
4. If car or van transportation is provided by the presbytery, there will be a minimum of three people present in the vehicle- either two adults and a child or one adult and two children. Drivers must be at least 25 years of age.
5. For infrequent and unusual situation that are not easily classified elsewhere in the covenant, the standards and spirit of this covenant shall be recognized as being in force.
6. Awareness of the Church as a Safe Place Covenant will be a part of orientation and training for Nurture Ministry Unit members, related committee members, advisors, chaperones, mentors, and leaders on a yearly or as needed basis.
7. Event leadership, other than Ministry Unit and co-opted members will sign a *Leader Covenant Agreement*.

### Adult/Youth Ratio:

Charleston Atlantic Presbytery requires one adult for every six children at presbytery activities for children in grades 6-12. A one to four ratio is required for preschool and elementary aged children. For overnight activities, there must be a male adult present if there are any male participants and a female adult present if there are any female participants. Adults attending as volunteers, chaperones, advisors, mentors, or leaders must be endorsed by their Session. All adults serving as volunteers, chaperones, advisors, or mentors must be at least 21 years of age.

### Training:

Charleston Atlantic Presbytery will provide training on the Church as a Safe Place Covenant for all ministry unit and committee members, advisors, chaperones, mentors, and leaders. These will be held at the first Nurture Ministry Unit meeting of the year as well as at presbytery overnight events.

### Consent and Hold Harmless Form:

All minor participants at a presbytery event shall complete a Child/Youth Registration Form which includes a covenant, medical information, and consent for medical treatment/hold harmless/photo release agreement. If the church has the medical information on file, that section of the form need not be completed, but copies of this information must be brought to the event. All adults attending the event shall complete the Adult Registration Form which includes medical information/hold harmless/medical treatment/photo release agreement, Session endorsement. and "Covenant for the Church as a Safe Place for Children." Copies of all of these forms shall be presented to the presbytery event leaders when the group checks in at the event. Copies of the medical information provided by the churches must be in the possession of the individual group leaders.

## INDICATORS OF CHILD ABUSE

The following characteristics may be indicators of abuse, although they are not necessarily proof. Individually, any one of the indicators may be a sign of a number of other more or less serious problems. When these indicators are observed in a child, they can be considered as a warning and lead you to look into the situation further.

### Possible Signs of Physical Abuse:

1. hostile and aggressive behavior towards others
2. fearfulness of parents and/or other adults
3. destructive behavior toward self, others, and/or property
4. inexplicable fractures or bruises inappropriate for child's developmental stage
5. burns, facial injuries, pattern of repetitious bruises

### Possible Signs of Emotional Abuse:

1. exhibits severe depression and/or withdrawal
2. exhibits severe lack of self-esteem
3. failure to thrive
4. threatens or attempts suicide
5. speech and/or eating disorders
6. goes to extremes to seek adult approval
7. extreme passive/aggressive behavior patterns

### Possible Signs of Neglect:

1. failure to thrive
2. pattern of inappropriate dress
3. begs or steals food; chronic hunger
4. depression
5. untreated medical conditions
6. poor hygiene

### Possible Signs of Sexual Abuse:

1. unusually advanced sexual knowledge and/or behavior for child's age and developmental stage
2. depression- cries often for no apparent reason
3. promiscuous behavior
4. runs away from home and refuses to return
5. difficulty walking or sitting
6. bruised bleeding in vaginal or anal areas
7. exhibits frequent headaches, stomachaches, and extreme fatigue
8. sexually transmitted diseases

## RESPONDING TO ALLEGATIONS OF CHILD ABUSE

For purposes of this policy, “child abuse” is any action (or lack of action) which endangers or harms a child’s physical, psychological or emotional health and development. Child abuse occurs in different ways and includes the following:

- **Physical abuse-** any physical injury to a child which is not accidental, such as beating, shaking, burns, and biting.
- **Emotional abuse-** emotional injury when the child is not nurtured or provided with love and security, such as an environment of constant criticism, belittling and persistent teasing.
- **Sexual abuse-** any sexual activity between a child and an adult or between a child and another child at least four years older than the victim, including activities such as fondling, exhibitionism, intercourse, incest, and pornography.
- **Neglect-** depriving a child of their essential needs, such as adequate food, water, shelter, and medical care.

Volunteers may have the opportunity to become aware of abuse or neglect of the children under our care. In the event that an individual involved in the care of children at a Charleston Atlantic Presbytery event, becomes aware of suspected abuse or neglect of a child under his/her care, this should be reported immediately to the presbytery’s Executive Presbyter or the Associate for Congregational Nurture for further action including reporting to authorities as may be mandated by state law.

In the event that an incident of abuse or neglect is alleged to have occurred at a Charleston Atlantic Presbytery program or event, the following procedure shall be followed:

1. Notification will be made to the parents or guardian of the child and to the pastor of the child’s congregation, if appropriate.
2. The volunteer alleged to be the perpetrator of the abuse or misconduct will immediately be relieved of their responsibility for the event.
3. The presbytery’s insurance company will be notified and will complete an incident report.
4. The presbytery will comply with the state’s requirements regarding mandatory reporting of abuse as the law then exists.
5. The presbytery will cooperate with any investigation of the incident by state or local authorities. In the event there is no investigation of the incident by state or local authorities, a team appointed by Presbytery Coordinating Committee will be formed to investigate the circumstances of the incident. The team should act only in consultation with the presbytery’s insurance company and/or attorney.
6. Any person who is not found innocent of the alleged abuse or misconduct will be unable to serve as a volunteer, chaperone, advisor, mentor, or leader.
7. The Executive Presbyter of Charleston Atlantic Presbytery will be the spokesperson to the media concerning incidents of abuse or neglect, unless he or she is alleged to be involved. All others should refrain from speaking to the media.
8. A pastoral visit will be arranged for those who desire it.

## DISQUALIFYING OFFENSES TO SERVE IN MINISTRY WITH CHILDREN

Disqualifying offenses to drive children to and from church sponsored activities:

- Any DUI arrest in the past year or two DUI convictions in the last three years
- More than two convictions (moving violations) during the last two years
- More than two moving accidents within the past eighteen months
- Any accident in the past three years caused by the driver, resulting in loss of life

Disqualifying offenses to serve in ministry with children

- Any conviction of assault, kidnapping, abuse, neglect, possession or promotion of child pornography, indecency with a child, or any other kind of sexual offense
- Any felony convictions
- Any misdemeanor involving moral turpitude (sexual, lying, etc.)
- Conviction of any misdemeanor involving use of alcohol or drugs within the past year or two in the last three years

## PROCEDURE WHEN CRIMINAL BACKGROUND CHECK ON VOLUNTEER INDICATES DISCREPANCIES

Convictions: If a conviction is discovered, the Presbytery's Executive Presbyter and Associate for Congregational Nurture will decide upon a course of action depending on the nature of the offense and the position to be held. Procedure to follow shall include:

- Meet confidentially with the volunteer to inform him/her of discrepancies found in criminal background check, documenting the conversation
- Ask for an explanation
- Focus on the area that pertains to the volunteer service and determine whether there are any disqualifying offenses or whether a solution can be found
- Notify the volunteer of the decision
- Keep all proceedings confidential

Arrests: If an arrest for a serious offense is discovered, the Presbytery's Executive Presbyter and Associate for Congregational Nurture will decide upon a course of action, which could include:

- Meet confidentially with the volunteer to inform him/her of discrepancies found in criminal background check
- Ask for an explanation, affording them an opportunity to correct the record
- Determine if there are any disqualifying offenses or if a solution can be found
- Notify the volunteer of the decision
- Keep all proceedings confidential

Be mindful that as a community of faith, our response to the volunteer shall be to offer support through counseling (referring to agencies as appropriate), pray, and guidance as to an alternative area of service to the presbytery.

## YOUTH AND CHILD ACCIDENT/INCIDENT REPORT

Date: \_\_\_\_\_ Name of Preparer (printed): \_\_\_\_\_

Is this an: \_\_\_ accident \_\_\_ incident \_\_\_ allegation \_\_\_ other (specify): \_\_\_\_\_

Name(s) of child(ren)/youth: \_\_\_\_\_

How was the accident/incident brought to your attention? \_\_\_\_\_

Adults witnessing or present during accident/incident? \_\_\_\_\_

Person reporting the accident/incident: \_\_\_\_\_

Date, time, and location of accident/incident: \_\_\_\_\_

Description of the accident/incident as reported or witnessed: \_\_\_\_\_

Did anyone else witness the event? If so, list names: \_\_\_\_\_

Were there visible injuries? If yes, please list: \_\_\_\_\_

Who treated the injuries? \_\_\_\_\_

Were parents/guardian notified? \_\_\_\_\_ List date/time: \_\_\_\_\_

Is this an accident/incident requiring mandatory reporting to authorities? \_\_\_\_\_

Were any authorities notified? \_\_\_\_\_ Who? \_\_\_\_\_ When? \_\_\_\_\_

Was the insurance company called? \_\_\_\_\_ When? \_\_\_\_\_

What other aspects or details do you need to include? \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_



CHILD AND YOUTH ACCIDENT/INCIDENT WITNESS REPORT

As a witness to a reported accident or incident, what you heard and witnessed is important. Please state, in your own words, what you saw and heard regarding the accident/incident.

Are you aware of any others who may have been a witness or have information regarding this accident/incident? \_\_\_\_\_

If so, please list their names: \_\_\_\_\_

\_\_\_\_\_

Witness Reporter (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Position held (if any): \_\_\_\_\_ Date: \_\_\_\_\_