



Community Church ACCIDENT / INCIDENT / MEDICAL EMERGENCY REPORT (AIME)

Date of AIME _____ Time AIME Occurred _____ A.M. / P.M.

Name of Injured _____ Date of Birth _____ Gender M / F

Address _____ City _____

Phone #(s) _____

Parent / Guardian / Person to notify _____ Was Parent / Guardian notified? Y / N

Parent / Guardian Instruction(s) _____

Witness(es): _____ Phone# _____

_____ Phone# _____

Describe injury (ACCIDENT / INCIDENT / MEDICAL EMERGENCY): *(Ex. cut, third finger, left hand, bleeding.)*

Describe how the ACCIDENT / INCIDENT / MEDICAL EMERGENCY occurred:

Describe medical help given and by whom:

DOCTOR VISIT / EMERGENCY ROOM / HOSPITAL REQUIRED:

Which doctor / hospital / ER: _____ Time transported: _____ A.M. / P.M.

Accompanied or followed by whom: _____ Mobile Phone# _____

Other pertinent information (may continue on back): _____

Was injured person transported home? _____ By whom? _____

Signature of injured party: _____ Date: _____

NO MEDICAL ATTENTION WAS DESIRED AND/OR REQUIRED.

Signature of injured party: _____ Date: _____

Follow-up contact with injured party required: Y / N

AIME form completed by: _____ Date: _____

Ministry Staff: _____ Date: _____

*****Please submit completed form to ministry Pastor / Director within 24 hours of incident.**