



Valley Life Church

ACCIDENT REPORT FORM

Name(s) of Person(s) involved _____

Date of Incident _____ Time _____

Describe Incident _____

Describe any injuries _____

Describe any first aid administered _____

Was child/person transported? Y / N By whom? Where? _____

Name of hospital _____

Physician or clinic name _____

Address _____

How were parents/family members notified?

Time of notification _____

Position _____

Date of report _____

Parent/family member signature _____

Sign here if person involved is not a minor _____

- Completed form is to be signed by parent, copied for parent, and filed in church records.