



## **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.