



ACCIDENT REPORT FORM

(Please print all information.)

Date of accident: _____ Time of accident: _____

Name of child/youth injured: _____ Age: _____

Address of child/youth: _____

Location of accident: _____

Parent or guardian: _____

Name of person(s) who witnessed the accident: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe accident:

Signature of Accident Reporter

Date

**This is a sample form. Please tailor it to fit your congregation's specific needs.*