

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:

Who was involved? _____

What happened and how did it happen? _____

Action taken: _____

Was Parent notified? _____ Yes _____ No; _____ Time of notification.

Method of notification: _____

Parent Signature Date

Signature of Person Reporting Accident Date