



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/Guardian: _____

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

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe the child's injuries and what action was taken to treat the injuries.

How and when was the parent notified?

Describe in detail how the child was injured, including location, names and actions of all children and adults involved.

Signature

Date

Address

Phone