



# Accident Report

Name and Age of Child Injured: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Date and Time of Accident: \_\_\_\_\_

## Description of Accident

A. How was the child injured? (What was he/she doing?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Were there other children or adults involved? Who? \_\_\_\_\_  
\_\_\_\_\_  
How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. How and when was parent notified? \_\_\_\_\_  
\_\_\_\_\_

D. Was a doctor notified? \_\_\_\_\_ E. Was Child take to hospital? \_\_\_\_\_

F. Nature and location of injury. (describe fully what area of body was hurt.)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Person in Charge)

\_\_\_\_\_  
(Pastor or Children's Pastor)