

# Accident Report Form



Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Child/Person injured: \_\_\_\_\_

Parents Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

Type of injury (Describe in detail, include: where on child, how, location, and why it happened.

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Type of equipment involved:

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First aid administered:

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Symptoms after injury occurred?:

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Form completed by: \_\_\_\_\_

Care Providers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_