

ACCIDENT OR INCIDENT REPORT

Please fill out report and give to a paid staff person.

Accident Incident/Dangerous Occurrence

Date of Accident/Incident: _____ Time: _____

Place it Occurred _____

Name of Injured Person (if any): _____ Age: _____

Address: _____

Parent/Guardian (if applicable): _____

Parent/Guardian Notified Date: _____ Time: _____ By Whom: _____

Provide a full description of the injury:

Provide a full description of the circumstances:

If medical care was received, briefly describe what and by whom administered:

Give a full description of the incident or dangerous occurrence:

Name of person(s) who witnessed the accident or occurrence:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Staff Signature: _____ Date: _____

