

## Accident Report Form

To be completed & submitted to the ministry area Director

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

Name of Participant Injured: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Location of Accident: \_\_\_\_\_

Name of Person(s) who witnessed the accident:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe the Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Notified? Yes \_\_\_\_\_ No \_\_\_\_\_

Resolution Follow-up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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