Accident Report

NOTE: This report **MUST** be filed with the teacher or adult directly responsible immediately following the accident.

PERSON INJURED	ORGANIZATION _____ DEPARTMENT _____
EXACT PLACE OF ACCIDENT	DATE OF ACCIDENT

DESCRIPTION OF ACCIDENT: Give time of accident, situation at the time of the accident, and an explanation of how the accident occurred.

DESCRIPTION OF INJURY:

WITNESSES	
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

ACTIONS FOLLOWING THE ACCIDENT

CHECK APPROPRIATE BOX:

- ☐ Child observed by _____ and returned to class/activity.
- ☐ Child given first aid by _____ and returned to class/activity.
- ☐ Parent called
- ☐ Child taken home
- ☐ Child transported to hospital by _____
- ☐ Other: _____

Signature of Teacher/Adult in charge at time of accident: _____

Signature of person filing report: _____ Date _____

Signature of parent: _____ Date _____