

ACCIDENT REPORT FORM

NAME OF CHILD: _____

ADDRESS: _____

PHONE: _____

DATE OF ACCIDENT: _____

TIME OF ACCIDENT: _____

DESCRIPTION OF INJURY: (Describe in detail, including how it happened)

WHO WITNESSED THE ACCIDENT: _____

WHAT CARE/TREATMENT WAS ADMINISTERED?(Include the time and by whom)

WHAT COULD BE DONE TO PREVENT THIS FROM HAPPENING AGAIN?

WHICH PARENT/GUARDIAN WAS NOTIFIED? _____

TIME: _____

FORM COMPLETED BY: _____

Signature

DATE: _____

Doctor's Signature

DATE: _____

Parent's Signature

DATE: _____