



## ACCIDENT OR INCIDENT REPORT

Name of injured party: \_\_\_\_\_ Age: \_\_\_\_\_

Employee or student? \_\_\_\_\_

Date & Time of accident/incident: \_\_\_\_\_

Apparent cause (state briefly): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of accident/incident: \_\_\_\_\_

\_\_\_\_\_

Action taken and by whom (i.e. emergency room, first aid, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness: \_\_\_\_\_

Person in charge of group: \_\_\_\_\_

Parent or person notified of injury: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date reported to Ins. Co.: \_\_\_\_\_

Name and signature of person reporting injury: \_\_\_\_\_

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

Signature of Individual Picking Up Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_