

# ACCIDENT REPORT

To be filled out by the Lead Teacher and given to the Administrator

Teacher: \_\_\_\_\_ Date of accident: \_\_\_\_\_

Child's name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Father: \_\_\_\_\_ Phone #1: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone #3: \_\_\_\_\_

Was 911 called? \_\_\_\_\_ If so, what was the name of the attending physician? \_\_\_\_\_

Which volunteer was in charge of the child? \_\_\_\_\_

Names of witnesses: \_\_\_\_\_

Description of accident: \_\_\_\_\_

\_\_\_\_\_

Were other children involved? \_\_\_\_\_ If so, who? \_\_\_\_\_

Was first aid provided? \_\_\_\_\_ If so, what? \_\_\_\_\_

Were the parents informed the day of the accident? \_\_\_\_\_

Was a follow up phone call made? \_\_\_\_\_

Date of the call: \_\_\_\_\_ Who called? \_\_\_\_\_

Who received the call? \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher \_\_\_\_\_ Date: \_\_\_\_\_

Children's Pastor: \_\_\_\_\_ Date: \_\_\_\_\_