



## Child Accident/Injury Report

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Accident/Injury: \_\_\_\_\_ Time of Accident/Injury: \_\_\_\_\_

Location of Accident/Injury: \_\_\_\_\_

Nature of Accident/Injury: \_\_\_\_\_

\_\_\_\_\_

Describe the type of sport or activity engaged in at the time of the accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Responsible adult with the child at the time of the accident:

\_\_\_\_\_

Name of witness/witnesses to the accident:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Name of person who gave emergency treatment: \_\_\_\_\_

Action taken or treatment given: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Parent's notified: \_\_\_ Yes \_\_\_ No