|  |
| --- |
| Comments / Notes |
|  |

|  |
| --- |
| When First Aid Was Given? |
|  |

|  |
| --- |
| Injury Details |
|  |

**DATE / TIME:**

**PARENT’S NAME:**

**AGE:**

**CHILD NAME:**

**SITE NAME:**

**ACCIDENT REPORT TEMPLATE**

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

**Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
|[ ]  I have been informed about this accident. |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Witness Details |
| Name |  |
| Date |  |
| Signature |  |
| Person completing Report |  |