

Accident Report Form
Glenn Memorial United Methodist Church

Date of Accident: _____ Time of Accident: _____

Name of Child Injured: _____ Age: _____

Location of Accident: _____

Name of Person(s) who witnessed the accident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe the accident:

Parent or Guardian: _____ Notified? _____

Resolution/Follow-up:

Reporter Signature _____ Date _____

Staff Signature _____ Date _____