

ACCIDENT REPORT FORM

Child's Name: _____

Date & Time: _____

What happened and where was the child injured? Please be specific when describing the injury and to what part of the body:

How was the injury treated?

Signature of adult witness:

Signature of adult recording incident:

I have been informed of my child's accident and the action taken.

Signature of Parent: _____

If you have any questions or concerns, please call Carolyn Zink at the church office: 231.723.7173.

Procedure:

1. Fill out form completely.
2. Give copy to parent/guardian.
3. Original will be filed in the office in the Accident Report Binder.

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