

# Accident Report

To be completed by the instructor or coach; be specific.

Name of injured person:

Class/activity/event:

DOB:   Male  Female Phone:

Address:

Date & Time of accident:

Supervisor in charge:

Location of accident:

Were there witnesses in relation to the accident?  Yes (enter names below)  No

Name:  Address:

Name:  Address:

How did the accident occur? Describe sequence of events.

Nature of injury & observations:

Was first aid rendered?  Yes  No

If yes, what first aid and by whom?

Was parent/responsible person notified?  Yes  No

Time:  Name:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_