

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: _____