

INSERT CHURCH
LOGO HERE

ACCIDENT REPORT
INSERT CHURCH NAME HERE

To be filled out by the Lead Teacher and given to the Class Coordinator.

Lead Teacher		Date of Accident / /
Child's Name		Child's Birth Date / /
Father's Name		Telephone #
Mother's Name		Telephone #
Name of guardian if the child was brought by someone other than the parent.		Telephone #
Was 911 called?	If so, what is the name of the attending physician?	
Which volunteer was in charge of the child?		
Names of any witnesses		
Describe the nature of the accident.		
Were any other children involved in the accident?		
Was first aid administered? If so, describe the care given.		
Were the parents informed the day of the accident?		
Was a follow up phone call made?		
Date of the call / /	Who made the call?	Who received the call?
Remarks		
Signature of Lead Teacher on duty		Date / /
Signature of Children's Pastor		Date / /