

**ACCIDENT/INCIDENT REPORT FORM**

Name of Preparer: \_\_\_\_\_

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

Date and Time of Accident/Incident: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_:\_\_\_\_ AM or PM

Name(s) of children involved in Accident/Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the Accident/Incident as you saw it or as it was reported to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please name any other witnesses to the Accident/Incident.

\_\_\_\_\_  
\_\_\_\_\_

Describe any visible physical injuries.

\_\_\_\_\_  
\_\_\_\_\_

How and by whom were the injuries treated?

\_\_\_\_\_  
\_\_\_\_\_

Were parent(s) or guardian(s) notified? Yes or No

By whom? \_\_\_\_\_

Was the insurance company notified? Yes or No

By whom? \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

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

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

Time: \_\_\_\_\_