



ACCIDENT OR INCIDENT REPORT

Name of injured party: _____ Age: _____

Employee or student? _____

Date & Time of accident/incident: _____

Apparent cause (state briefly): _____

Nature of accident/incident: _____

Action taken and by whom (i.e. emergency room, first aid, etc.): _____

Witness: _____

Person in charge of group: _____

Parent or person notified of injury: _____

Any other remarks: _____

Date reported to Ins. Co.: _____

Name and signature of person reporting injury: _____

Date: _____ Time: _____

Parent's Signature: _____

Date of Signature: _____