

Accident Record Form

Child's Name:	Date of Birth:
Date and time of accident:	
Name of witnesses/adults present:	Place accident occurred:
Description of how the accident occurred:	Record of any injury and action taken:
Condition of child following the accident:	

Parent contacted? Yes ☐ No ☐

Name of parent contacted: _____ Time: _____

How parent was contacted: Call ☐ Email ☐ Text ☐

Other comments: _____

Attending adult's signature: _____ Date: _____
 Leader's signature: _____ Date: _____
 Parent's signature: _____ Date: _____

Parent Copy ☐ Paper ☐ Email ☐

Body Map Form

