

Safe Sanctuaries Policy
Appendix E: Accident Reporting Form
[Safe Sanctuaries Policy](#)

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Please print all information!

Date of accident: ___/___/20___ Time of Accident: _____

Name of child/youth injured _____

Address of child/youth _____

Location of accident _____

Parent or guardian _____

Name of person(s) who witnessed the accident:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Description of accident: (attach additional paper if necessary)

Action taken: (attach additional paper if necessary)

Parents notified: Yes Date: / / 200__ Time: _____

No Explain:

Report filed with Director: Yes Date: / / 200__ Time: _____

No Explain:

Report filed with Pastor: Yes Date: / / 200__ Time: _____

No Explain:

Name of person filling out this report _____

Signature _____ Date _____