

# ACCIDENT REPORT

Name of Child \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Describe the nature of the accident (include description of accident and injury, where accident took place, and teachers involved). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was done for the child: \_\_\_\_\_

Was the parent contacted regarding the accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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