

# Accident Report

## Child Information

Name		Age		Gender	
Parents		Work		Work No.	
Address		Phone		Email	

## Time Frame

Date		Time		Location	
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## Description of Events


## Actions Taken

Responder Name					
Description of Aid					
Were Parents Contacted?		How?			
Parent Contacted		Who Contacted		Time	
Was the Child taken to a Hospital?		Which Hospital?			
Method of Transport					

## Additional Information


Supervisor Name		Signature		Date	
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