

Mount Vernon Unitarian Church Accident Report Form

(Please print all information.)

Date of accident: _____ Time of accident: _____

Name of youth or child: _____

Home address of child or youth: _____

Location of accident: _____

Parent or guardian: _____

Name of person (or people) who witnessed accident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe accident: _____

Action taken following accident: _____

Signature of Person Making Report Date

(Please turn in this form to Director of Lifespan Spiritual Growth)