

ACCIDENT REPORT FORM
GETHSEMANE UNITED METHODIST CHURCH
910 Addison Road South, Capital Heights, MD 20743 (301) 336-1219
Please print all information

In the event of an accident that requires medical or other remedial attention the staff person in charge of the child or youth's activity in which the accident occurs **shall first render appropriate aid.** When the injured party has been appropriately comforted **immediately call the Guardian/family member, the Trustee Chair, and Pastor (church 301/336-1219, home 301 459-7310+to report the accident.** An accident report must be completed as soon as possible after the accident

Reporter's Name _____

Date of accident: _____ Time of Accident: _____
(day, month, year) am/pm

Name of injured party: _____

Address of injured party: _____

Location of accident: _____

Name of Guardian/family member notified: _____

Name of person(s) who witnessed the accident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe the accident:

Use reverse side if necessary

Actions taken by Reporter and Signature: _____

ACCIDENT REPORT FORM

Witness Statement

Please print all information

Date of accident: _____ Time of Accident: _____
(day, month, year) am/pm

Name of injured party: _____

Name of injured party: _____

Describe the accident:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Witness Name

Witness Signature

Date _____