

Accident/Injury Report



Childs Name _____ Date _____ Time _____

Teacher name _____

Witness name _____

(If the injury required treatment beyond a Band-Aid the witness should write a statement on the back of this page)

What happened? _____

Treatment Provided: _____

I have been informed of the accident/ injury involving my child

Parent signature

Date:

(Teacher: Please turn this in to your leader before you leave today)