



**ACCIDENT REPORT**

ACCIDENT REPORT FOR: \_\_\_\_\_ (Name of Center or Home)

Date of Report of Injury \_\_\_\_\_

Name of Person Injured \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Other (describe) \_\_\_\_\_

Accident- Date \_\_\_\_\_ Time \_\_\_\_\_

Place Accident Occurred \_\_\_\_\_

Activity Engaged In \_\_\_\_\_

Extent of Injury \_\_\_\_\_

What was done for Injured? \_\_\_\_\_

When Parent was Notified- Date \_\_\_\_\_ Time \_\_\_\_\_

By Whom was Parent Notified? \_\_\_\_\_

Witnesses to Accident \_\_\_\_\_

Description of Accident by Witnesses \_\_\_\_\_

Student Supervised by \_\_\_\_\_

Did you see the accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Was a Doctor's Attention required? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

If yes: Attending Physician's Name, findings and Treatment \_\_\_\_\_

Staff Member Signature \_\_\_\_\_ Home Provider Signature \_\_\_\_\_

[ ] I wish information of Beanstalk's small accident medical insurance coverage.

Follow-up information \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Director Signature \_\_\_\_\_

Copy Given to Parent  \_\_\_\_\_ Initial  \_\_\_\_\_ Copy given to Mgr.  \_\_\_\_\_ Initial \_\_\_\_\_