

## Child Accident Record Form Sample

This form should be completed immediately following any accident involving a child. Please fill in all relevant sections.

**Child's Name:**

**Date of Birth:**

**Date of Accident:**

**Time of Accident:**

**Location of Accident:**

**Description of Accident:**

Describe what happened

**Details of Injuries (if any):**

**Treatment Given:**

**Witnesses (Names & Contact):**

**Reported To (Supervisor/Parent/Guardian):**

**Name of Person Completing Form:**

**Signature:**

**Date:**

Submit