

Accident Form

To be completed by the instructor or coach; be specific:

Class/activity/event: _____

Name of injured person: _____

Age: _____ Male Female Phone: _____

Address: _____

Date/time of accident: _____

Supervisor in charge: _____

Location of accident: _____

Were there witnesses in relation to the accident? Yes (enter name(s) below) No

Name: _____ Address: _____

Name: _____ Address: _____

How did the accident occur? Describe sequence of events: _____

Was first aid rendered? Yes No If yes, what first aid and by whom?

Signed: _____ Date: _____

**OFFICE
USE
ONLY**

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