



Children's & Youth Ministries of
Community Bible Church
 1600 Main Street, P.O. Box 903
 Stittsville, Ontario, K2S 1B1
 Phone & fax: (613) 836-2606

ACCIDENT REPORT

MINISTRY: _____

(to be filled in by person who witnessed accident or by person supervising at time of injury)

Name of Injured: _____ Birth Date: _____

Address: _____ Telephone: _____

Date of Accident: _____ Time: _____ Report Date: _____

What was the injured doing when accident happened? _____

Was accident due to carelessness on part of the injured? YES NO If yes, please explain:

Was the injured person under supervision at time of accident? YES NO If no, please explain:

Location of accident: _____

Explain what happened: _____

Witnesses: _____

What statement, if any, was made by the injured: _____

What procedure followed the injury and by whom:

Procedure	By Whom
1.	
2.	

Signatures Required	Printed Name	Signature	Date
This report was prepared by: <i>(Witness)</i>			
This report has been read & witnessed being prepared by: <i>(Parent/Guardian/Caregiver)</i>			
This report has been received by: <i>(Team Leader)</i>			

Note: Once completed, the signed form is given to the Plan to Protect Coordinator for filing. That leader sends a copy of the signed report to the Governance Team Leader.