



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

## C/Y ACCIDENT REPORT

(to be filled out by person who witnessed accident or by person supervising C/Y at time of injury)

Name of C/Y Injured: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ Report Date: \_\_\_\_\_

What was C/Y doing when injured? \_\_\_\_\_

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

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Was C/Y under supervision at time of accident? YES  NO  If no, please explain:

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Location of accident: \_\_\_\_\_

Explain what happened: \_\_\_\_\_

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Witnesses: \_\_\_\_\_

What statement, if any, was made by the injured C/Y? \_\_\_\_\_

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What procedure followed the injury and by whom:

Procedure
1.
2.
3.
4.
5.

By Whom

This report has been prepared by:

C/Y Ministry Team Leader: \_\_\_\_\_ Plan to Protect Coordinator: \_\_\_\_\_

CBC Pastor/Elder: \_\_\_\_\_