

**ACCIDENT REPORT FORM**  
**New Hope Presbyterian Church**

Name of Person: \_\_\_\_\_

Gender:     Male     Female      Age: \_\_\_\_\_ and/or Grade:  
\_\_\_\_\_

Time accident occurred: Date: \_\_\_\_\_ Hour \_\_\_\_\_ AM /  
PM

Place of accident (be specific): \_\_\_\_\_  
\_\_\_\_\_

Teacher / Ministry Representative:  
\_\_\_\_\_

Program: \_\_\_\_\_

Cause of accident: \_\_\_\_\_  
\_\_\_\_\_

Nature of injury (what part(s) of body affected):  
\_\_\_\_\_  
\_\_\_\_\_

Action taken: \_\_\_\_\_  
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Name of parent / legal guardian notified:  
\_\_\_\_\_

How: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Person completing form):

\_\_\_\_\_ Date: \_\_\_\_\_

**COPY-Parent  
ministry leader**

**COPY-Pastor**

**COPY-Program or**