

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: _____

Name of parent / legal guardian notified:

How: _____ Date: _____

Signature (Person completing form):

_____ Date: _____

**COPY-Parent
ministry leader**

COPY-Pastor

COPY-Program or