FAITH UNITED METHODIST CHURCH

ACCIDENT REPORT FORM

(Please print all the information.)

Date of accident: _____ Time of accident: _____

Name of person injured (first & last name): _____ Age: ____

Address of:_____

City:_____ State:_____ Zip:_____

Phone number: _____ Cell Number:_____

Location of accident: _____

Parent or guardian: (If applicable)_____

Name of person (or people) who witnessed the accident:

Name: _____ Phone:_____

Name: _____ Phone:_____

Name: _____ Phone:_____

Describe accident:

_____

_____

_____

_____

_____

_____

_____ _____ _____

Name of Person Making the Report Signature Date
(Print Name)

Cell Number ( ) _____

RETURN TO OFFICE

Rev. 8/21