

ST. ANDREW'S UMC
1901 ARCHDALE DRIVE, CHARLOTTE NC 28210
704-553-1327

ACCIDENT REPORT FORM

To be completed whenever any non-minor injuries occur

Date of Accident: _____ **Time of Accident** _____
Month - Day - Year *Time of Day AM/PM*

Name of individual injured: _____ **Age** _____

Address: _____

Location of accident: _____
Where in building did accident occur?

Parent or Guardian of person injured: _____

Name of person(s) who witnessed the accident: _____

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

Describe accident and action taken:

Name of individual completing Accident Report Form: _____

Date/Time parent or Guardian notified: _____

Date/Time Ministry Leader notified: _____