



Andrews Chapel
United Methodist Church

Vacation Bible School

Accident/Incident Report Form

This report must be filed within 24 hours of the accident/incident.

Name of Student _____ Birthdate _____ Grade _____

Address _____ Phone _____

Parent/Guardian _____

Date of accident _____ Time _____

Specific description of injury: _____

Complete statement of how accident happened: _____

Where did accident occur? (Be specific) _____

Name of two or more eyewitnesses to the accident: _____

Who administered first aid? _____ Position _____

What first aid was given? (Be specific.) _____

Notification to parents: Date _____ Time _____ By whom _____

Was the injured child sent: _____ back to class; _____ to a private physician; _____ home;
or _____ to a hospital? If applicable, list the name and address of the physician or hospital which provided treatment at
parent's expense _____

Signature _____ Position _____

Director's Signature _____

FOLLOW-UP REPORT:

Did the injury necessitate absence from the vacation bible school program? _____

Number of days absent as a result of the accident: _____

Additional pertinent information: _____

Place additional comments or information on the back or attach to form.

NOTE: Four copies of this report must be filed within 24 hours of the accident; 1 for person reporting, 1 to parents, 1 to program director, and 1 to the church pastor.