



Washington Boro United Methodist Church Accident Report Form

(Please print all information)

Date of accident: _____ Time of accident: _____

Name of child/youth injured: _____ Age: _____

Address of child/youth: _____

Location of accident: _____

Parent or Guardian: _____

Name of person(s) who witnessed the accident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe accident:

