

**SALEM UNITED METHODIST CHURCH
Safe Sanctuaries Policy**

Accident Reporting Form

Please print all information

Date of accident: _____ **Time of accident:** _____

Name of child/youth injured: _____

Address of child/youth: _____

Location of accident: _____

Parent or Legal Guardian: _____

Name of person(s) who witnessed the accident:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Description of accident:

Action taken:

Preventative steps taken (to keep this from happening again): _____

Parent/Legal Guardian notified: _____ (signature/date/time)

Signature of Parent/Legal Guardian: _____ (date/time)

Report filed with Senior Minister: _____ (signature/date/time)

Printed name of person completing this form: _____

Signature: _____ **Date/Time:** _____