

ACCIDENT REPORT

DATE: _____

DATE OF ACCIDENT: _____

NAME OF STUDENT: _____

PLACE: _____

TIME: _____

ACTIVITY: _____

CAUSE OF ACCIDENT: _____

DESCRIBE INJURY: _____

SPONSOR'S SIGNATURE: _____

TO BE FILLED OUT BY INJURED PARTY:

I HAVE READ THE ACCIDENT REPORT AND FIND IT TO BE CORRECT:

SIGNATURE OF INJURED PARTY:

_____ **DATE:** _____