

RECOMMENDED CHILD PROTECTION AND ABUSE PREVENTION POLICY  
BOARD OF CHRISTIAN EDUCATION & DISCIPLESHIP  
NORTHWEST YEARLY MEETING OF FRIENDS  
**(SAMPLE TO BE USED BY THE LOCAL CHURCH)**

NWYM - Form 5

**ACCIDENT REPORT FORM**

A reportable accident occurs when a child under Yearly Meeting or local church jurisdiction sustains a bodily injury that may require professional medical attention.

1. Yearly Meeting activity or Church name \_\_\_\_\_

Date reported \_\_\_\_\_

2. Name of injured \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

3. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Parent or guardian name \_\_\_\_\_ Phone \_\_\_\_\_

5. Date of accident \_\_\_\_\_ Day of week \_\_\_\_\_ Time of day \_\_\_\_\_

6. Where did the accident happen? \_\_\_\_\_

7. Name of person(s) supervising \_\_\_\_\_

8. Was the child being transported at the time of the accident? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, driver's name \_\_\_\_\_

9. How did the accident happen? (Please be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Description and extent of injury, and part(s) of body involved \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Procedure followed and/or first-aid rendered \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Person administering first-aid \_\_\_\_\_ Title \_\_\_\_\_

13. Name(s) of other people involved in the accident \_\_\_\_\_

\_\_\_\_\_

What equipment, tool, object or circumstances caused the accident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Names and addresses of any witnesses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Names of parents or others notified \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of person completing report \_\_\_\_\_

Title \_\_\_\_\_

Date Completed \_\_\_\_\_