

Mount Horeb House of Worship Accident Report Form

Date of Incident _____

Time of Incident _____

Name/s of those involved _____

Age(s) _____

Addresses _____

Where did the incident take place?

Describe the incident (include injuries and any first aid or medical treatment given)

Who witnessed the incident? (names, telephone, and ages if under 18)

What action have you taken to prevent a recurrence of the incident?

Signature of person in charge of group at time of incident

Signed: _____ Print Name: _____

Date: ____/____/____

Signature of person injured (or parent) at time of incident

Signed: _____ Print Name: _____

Date: ____/____/____