

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: _____

* *This is a sample form. Please tailor it to fit your congregation's specific needs.*

THESE FORMS WERE RESEARCHED AND DRAFTED BY:

JOY THORNBURG MELTON
ATTORNEY AT LAW
400 PERIMETER CENTER TERRACE NE STE 900
ATLANTA GA 30346

THEY ARE MADE AVAILABLE THROUGH AN EXCLUSIVE LICENSING AGREEMENT WITH HER PUBLISHER:

DISCIPLESHIP RESOURCES
PO BOX 840
NASHVILLE TN 37202-0840
WWW.DISCIPLESHIPRESOURCES.ORG

CHURCH MUTUAL INSURANCE COMPANY, THE AUTHOR, AND HER PUBLISHER WISH TO POINT OUT THAT NO WARRANTY ATTACHES TO THESE DOCUMENTS AND, IN FACT, THESE DOCUMENTS MAY NOT BE APPROPRIATE FOR THE SPECIFIC NEEDS OF A PARTICULAR CHURCH. THESE DOCUMENTS ARE NOT A SUBSTITUTE FOR GOOD PRACTICE, PROPER SUPERVISION, AND DILIGENT OVERSIGHT AND CONTROL. THERE IS NO GUARANTEE THAT THESE DOCUMENTS WILL PROTECT ANY FACILITY THAT CHOOSES TO USE THEM. BEFORE USING THESE SAMPLE DOCUMENTS OR ANY SIMILAR DOCUMENTS, YOU SHOULD CONSULT WITH YOUR OWN ATTORNEY TO MAKE CERTAIN THAT THE DOCUMENT YOU EVENTUALLY USE IS CORRECT AND CURRENT UNDER THE LAW OF YOUR PARTICULAR JURISDICTION AND THAT THE DOCUMENT MEETS YOUR NEEDS FOR YOUR PARTICULAR SITUATION.

Copied with permission from *Safe Sanctuaries: Reducing the Risk of Child Abuse in the Church* by Joy Thornburg Melton © 1998 Discipleship Resources, Nashville, Tennessee.