

**Philadelphia United Methodist Church Safe Sanctuaries  
Accident Report Form**

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 the accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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