

Accident Report Form

Organization / Department: _____

Name of person involved in accident: _____

Address: _____

Date of Birth (if child): _____

Category of person involved: _____

Leader / Worker / Child / Visitor / Other
(Circle appropriate category)

If other please specify: _____

INCIDENT DETAILS

Day, Date & Time: _____ Place of Occurrence: _____

Description of incident including any possible contributory factors (Use additional paper if necessary).

Was equipment or apparatus involved in this: YES NO
Inspected? YES NO Withdrawn from use? YES NO
Sent for repair? YES NO

If faulty equipment or apparatus was involved in the incident, please give full details. (Use additional paper if necessary).

Children's / Youth Ministries
Provo Children's Home
Thompson Cove
Providenciales ,Turks and Caicos Islands, BWI

TO BE REPLACED WITH PARENTAL / GUARDIAN APPLICATION AT INYAKE OF NEW CHILDREN

Appendix 3C
High Risk Activity Waiver – Over 18