



ACCIDENT REPORT FORM

This form is to be completed by the person witnessing an unintentional act involving anyone participating in activities (on or off campus) with SUMC and in which the individual(s) is hurt.

Date of Accident: _____ Time of Accident: _____

Name of Individual Injured: _____ Age: _____

Location of Accident: _____

Name of Person(s) who witnessed the accident:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Describe the accident: _____

Parent or Guardian: _____ Notified? _____

Resolution/Follow-up: _____

Reporter Signature

Date

Ministry Supervisor Signature

Date

Once this form is completed, please submit the form to the Pastor/Ministry Supervisor in charge. A copy of this report will be kept on file in the Simpsonwood United Methodist Church main office.