TRINITY
Baptist Church

Accident Report Form

Immediately following an accident, please fill in the following information and submit this report to the church office at: 33 Lund Rd, Nashua, NH 03060

Use back if necessary for more detail.

Person filling out report: (print) _____ Date: _____

Name of Injured:_____ Date of Birth: _____

Phone: _____

Address: _____

Date of Injury: _____ Time of injury: _____

Describe Injury: _____

_____

Describe events/conditions surrounding the injury: _____

_____

_____

What treatment was given?_____

_____

_____

Date: _____ Time: _____

Was an ambulance called? ▫ Yes ▫ No Time: _____

Witness Name & Signature: (Please List Name and Address)

Name: _____ _____ Date: _____
Print Signature

Name: _____ _____ Date: _____
Print Signature

Parents/Guardian informed if injured is a minor: ▫ Yes ▫ No Date: _____

If injured is a minor: I have read the accident report and have examined my child.

Comments: _____

_____

Parent/Guardian Signature: _____ Date: _____