

**Center United Methodist Church
Accident/Injury Report**

Name: _____ Date: _____ Time: _____
Nature and circumstances of injury:

Place of accident:

Play equipment or other items involved:

Action taken:

Parent contacted _____ Time _____

Witness _____, _____,

Parent's Signature _____ Date _____

Adult Supervisor's Signature _____ Date _____

Director's Signature _____ Date _____