

# Seventh-day Adventist® Church

ALBERTA CONFERENCE

ADVENTURER CLUB  
ACCIDENT/INCIDENT FORM

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Parent /guardian name(s) \_\_\_\_\_

Date of accident/incident \_\_\_\_\_ Time of accident/incident \_\_\_\_\_

Describe what happened \_\_\_\_\_

\_\_\_\_\_

Describe the injury (if any) \_\_\_\_\_

\_\_\_\_\_

What first aid was given? \_\_\_\_\_

\_\_\_\_\_

Additional comments (attach additional pages if needed)

\_\_\_\_\_

Person taken to hospital? Yes No If yes, name of hospital \_\_\_\_\_

Parent notified? Yes No If yes, by whom \_\_\_\_\_

Witness name(s) \_\_\_\_\_

Staff member completing this report \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date report completed

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

