East Missouri Action Agency, Inc.
A Community Action Agency
HEAD START
"An Equal Opportunity Employer"

ACCIDENT REPORT

Center: _____

Circle One: Head Start Child Parent Volunteer

Name of Injured Person: _____
Address: _____
_____
Phone Number: _____

Date of Accident: _____ Time of Accident: _____
Location: _____

Description of Accident

Witness(es)

_____
Name Address Phone

_____
Name Address Phone

_____
Name Address Phone

Date _____ Reported by _____

_____ _____
Parent Signature Date

Revised 6/07