Harborfields PUBLIC LIBRARY
31 Broadway, Greenlawn, NY 11740
Tel: 631-757-4200 | harborfieldslibrary.org
info@harborfieldslibrary.org

Accident Report: Children's Room

Reported By Staff Member(s): _____ Date/Time of Accident: _____

Child(ren) Involved:

Name: _____ **Name**: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Parent/Guardian/Caregiver:

Name: _____ **Name**: _____

Address: _____ Address: _____

Email: _____ Email: _____

Telephone: _____ Telephone: _____

Staff/Witness Present:

Name: _____ **Name**: _____

Address: _____ Address: _____

Email: _____ Email: _____

Telephone: _____ Telephone: _____

Where Accident Occurred:

_____

_____

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Accident Description (including events leading to or immediately):

_____

_____

_____

Describe whether person fell, slipped, was struck, etc., and if a machine, object or substance was most connected with the accident: _____

_____

State the nature of the injury and what part or part(s) of the body were affected: (as "injury to hand," etc.): _____

_____

Describe type of footwear the person was wearing, if this was a fall: (as "sneakers", "sandals", "boots", "leather soled shoes", "high heels", "flip-flops," etc.): _____

Describe weather conditions, if relevant: (wet, snow, ice, clear, etc.): _____

Name of Hospital, if person was taken to one: _____

Additional Comments:_____

_____

_____

_____

* * * * *

Staff Member Filing Report: _____ Date: _____

Staff Observations:

_____

_____

_____

_____

Staff Signature: _____