

YOUTH FLIGHT ACCIDENT REPORT

JOURNAL ENTRY NUMBER

PRINCIPLE PURPOSE: This form is to be completed by the staff member who witnesses an accident to a child in any Youth Flight activity.

I. ACCIDENT DATA

CHILD'S NAME (Last, First, M. I.)

DATE OCCURRED (Day, Month, Year)

TIME

NAME OF STAFF ON DUTY (Last, First, M. I.)

STATEMENT (Explain what happened, how, why, and what was done.)

STAFF'S SIGNATURE

SUPERVISOR'S SIGNATURE

II. NOTIFICATION DATA

NAME OF PARENT NOTIFIED

DATE

TIME

METHOD OF NOTIFICATION

NAME OF PERSON NOTIFYING PARENT

IN PERSON TELEPHONE IN WRITING

PARENT'S RESPONSE / ACTION