

**ACCIDENT REPORT**  
**Church of the Highlands**

Parent Paged            Y    N  
Discussed with Parent    Y    N  
Parent's Signature \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Detail of Accident: \_\_\_\_\_  
\_\_\_\_\_

Treatment: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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