

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 <input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN WRITING	NAME OF PERSON NOTIFYING PARENT
---	---------------------------------

PARENT'S RESPONSE / ACTION

