

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 <i>(Last, First, M. I.)</i>	DATE OCCURRED <i>(Day, Month, Year)</i>	TIME
NAME OF STAFF ON DUTY <i>(Last, First, M. I.)</i>		
STATEMENT <i>(Explain what happened, how, why, and what was done.)</i>		
STAFF'S SIGNATURE	SUPERVISOR'S SIGNATURE	

II.	NOTIFICATION DATA	
NAME OF PARENT NOTIFIED	DATE	TIME
METHOD OF NOTIFICATION	NAME OF PERSON NOTIFYING PARENT	
<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN WRITING		
PARENT'S RESPONSE / ACTION		