

NOT AN INSURANCE CLAIM FORM

Accident Report Form

Kids, Inc. of Dallas

Participant's Name: _____ Coach's Name: _____

Date and Time of Accident: _____

Scheduled: Game Practice (Circle one)

Person Responsible for Activity when accident occurred: _____

Where did the accident occur? (i.e. field, etc.)

Location of Injury on Body:

Description of Injury:

How did the injury occur?

Emergency medical attention given:

Parents notified? YES NO (Circle one)

If yes, how and when: _____

If no, please explain: _____

Additional information:

Signature of person completing report

Date of Report

THIS FORM IS TO BE COMPLETED AND TURNED IN TO THE KIDS, INC. OFFICE WITHIN 36 HOURS FROM THE DATE OF THE ACCIDENT.

**IF YOU WISH TO USE THE INSURANCE PROVIDED THROUGH KIDS, INC., YOU WILL NEED TO COME INTO THE OFFICE TO FILL OUT THE PROPER INSURANCE CLAIM FORMS.