

**AdoptionLinks**  
**ACCIDENT REPORT**

Child: \_\_\_\_\_

Family: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nature of accident/incident:

Time of occurrence:

How incident was handled:

Impact on child/family:

Police involvement?

If yes, attach copy of police report.

Medical attention required?

If yes, attach copy of doctor/hospital report.

\_\_\_\_\_  
Signature of Resource Parent

\_\_\_\_\_  
Date