

**HOME LEARNERS' ASSOCIATION OF CENTRAL NEW YORK**  
**ACCIDENT/INCIDENT REPORT**

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

Name of injured person: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female

Who was injured?  Child  Parent  Other: \_\_\_\_\_

Type of injury: \_\_\_\_\_

Details of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of witness: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Name of witness: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Injury requires physician/hospital visit?  Yes  No

Name of physician/hospital: \_\_\_\_\_

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

Physician/hospital phone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of injured party or parent of injured party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of HLACNY Board Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of HLACNY Board Member

\_\_\_\_\_  
Date