

Field Trip Injury/Accident Report Form

Field Trip Details

Field Trip Name/Location

Date of Trip

Teacher/Chaperone Name

Injured Person Information

Full Name

Grade/Group

Parent/Guardian Contact

Injury/Accident Details

Date of Incident

Time

Location of Incident

Describe the Accident/Injury

Cause (if known)

Immediate Action Taken

Describe First Aid/Action Provided

By Whom

Further Action Taken/Referred to (Clinic, Hospital, etc.)

Witness Information

Witness Names & Contact Info

Report Completed By

Name

Date