



The BOYS TO MEN Mentoring Network – Minnesota

Kristin Brown, 712 Martha Street North, Stillwater, MN 55082. (651) 235-1245
kamberbrown@msn.com Local: www.boystomenmn.org National: www.boystomen.org

Accident Report – Page 1 of 2

Name of person filling out this form _____ Date _____

Phone _____ other phone _____

Insurance Information

Boy's Name: _____ Birth Date: _____ Age: _____

Boy's Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Parent/Guardian Address (if different): _____

City: _____ State: _____ Zip: _____

Physician: _____

Physician's Phone(s): _____

Insurance Co.: _____

Policy Number: _____ Expiration Date: _____

Insurance Company Phone: _____

Address: _____

City _____ State _____ ZIP _____

Allergies and Current Medications: _____

In case of injury or accident how would you like us to proceed? _____



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Accident Report – page 2 of 2

Date of injury: _____

Time of injury: _____

Describe extent of injury: _____

Activity participating in: _____

Describe in detail how the accident happened: _____

Describe Insured mental status: Confused Calm Panicked Aggressive

Other: _____

Describe first aid given: _____

Describe evacuation: _____

Describe location and site of accident: _____

Is this a re-injury of an old condition? _____

Adventure Time Lost: _____

Minutes _____

Hours _____

Days _____

Ended participation _____