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YOUTH FLIGHT ACCIDENT REPORT		JOURNAL ENTRY NUMBER
PRINCIPLE PURPOSE: This form is to be completed by the staff member who witnesses an accident to a child in any Youth Flight activity.		
I. ACCIDENT DATA		
CHILD'S NAME (Last, First, M. I.)	DATE OCCURRED (Day, Month, Year)	TIME
NAME OF STAFF ON DUTY(Last, First, M. I.)		
STATEMENT (Explain what happened, how, why, and what was done.)		
STAFF'S SIGNATURE	SUPERVISOR'S SIGNATURE	
II. NOTIFICATION DATA		
NAME OF PARENT NOTIFIED	DATE	TIME
METHOD OF NOTIFICATION NAME OF PERSON NOTIFYING PARENT IN PERSON TELEPHONE		
PARENT'S RESPONSE / ACTION		