

INCIDENT/ACCIDENT / INJURY REPORT FORM

CHILD'S NAME	AGE
DATE	TIME OF ACCIDENT / INCIDENT/INJURY
LOCATION WHERE INCIDENT / ACCIDENT/INJURY HAPPENED	
DESCRIPTION OF HOW INCIDENT / ACCIDENT/INJURY OCCURRED	
PARTS OF BODY INVOLVED	
TREATMENT GIVEN / ACTION TAKEN	
TREATMENT GIVEN BY WHOM	
NAME OF PARENT NOTIFIED	TIME PARENT NOTIFIED
SIGNATURE OF PERSON NOTIFYING PARENT	
CORRECTIVE ACTION NEEDED TO PREVENT REOCCURANCE	
SIGNATURE OF STAFF	DATE
SIGNATURE OF PARENT	DATE

Incident/Accident/Injury Report Form

Child's Name: _____ Age: _____

Date: _____ Time: _____ Staff Present: _____

Type of Incident: (Circle one) Incident Accident Illness Behavior

Location where the incident/accident occurred: _____

Equipment involved: _____

Part of body involved: _____

Description of injury: _____

How did the incident/injury occur: _____

First aid given: _____

Treatment given by whom: _____

Corrective action needed to prevent reoccurrence: _____

Type of Illness: _____

Action taken by staff: _____

Type of behavior: _____

Action taken by staff: _____

Name of parent notified: _____

Time notified: _____ Notified by: _____

Staff Signature

Date

Staff Signature

Date

Staff Signature

Date