

# ACCIDENT / INCIDENT REPORT

*Please complete all Sections in Ink*

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
First Last

**What was the Accident / Incident?**

\_\_\_\_\_

**Location of Occurrence:**

**# of Children in the Room:**

**Location of Staff:**

\_\_\_\_\_

**Description of Occurrence:**

\_\_\_\_\_

<b>First Aid Administered</b>	<b>Staff Actions by:</b> _____ <div style="text-align: right; font-size: small;">Staff Name</div>
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**Comments: (Recommendations, Corrective Actions, Follow Up)**

\_\_\_\_\_

If other child was involved: (initial by staff) \_\_\_\_\_ other parent notified in writing \_\_\_\_\_ other parent notified verbally \_\_\_\_\_

**Notified** (initial by staff): \_\_\_\_\_ **IMMEDIATELY** or \_\_\_\_\_ **AT DEPARTURE**

<b>What was the Accident / Incident?</b>	<b>Day/Month/Year</b>
<b>Signature of Director</b>	<b>Day/Month/Year</b>
<b>Signature of Parent</b>	<b>Day/Month/Year</b>

