

# Incident and Accident Report

Fill in the same day. Give a copy to the parent and keep one in the child's file.

## Child

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Where it happened \_\_\_\_\_

## What happened

Type ☐ Fall ☐ Bump ☐ Bite ☐ Scratch ☐ Illness ☐ Other

Describe what happened

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## Injury and care given

Body part ☐ Head ☐ Face ☐ Arm or hand ☐ Leg or foot ☐ Body

First aid or care given

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Parent told ☐ In person ☐ By phone ☐ By message

Time parent told \_\_\_\_\_ Told by \_\_\_\_\_

## Signatures

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Notes

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