

SAMPLE

ACCIDENT / INCIDENT REPORT

Facility/Home: _____

Child's Name: _____ Age: _____

Date & Time of Accident/Incident: _____

Place of Accident/Incident: _____

Describe Accident/Incident: _____

Describe Nature of Injury: _____

Witness(es) to Accident/Incident: _____

What Action Was Taken? _____

Was Parent/Guardian Contacted? _____ Time? _____ How? _____

Other Persons Contacted: _____

Describe Medical Treatment/First Aid: _____

Signature of Staff Completing Form _____

Date/Time _____

Signature of Director/Person in Charge _____

Date/Time _____

Signature of Parent/Legal Guardian _____

Date/Time _____

