INCIDENT REPORT

To be completed by a staff member:

Child's Name: _____ Date of Birth: _____

Date of Incident/Accident: _____ Time of Incident/Accident: _____

Parent/Guardian/Emergency Contact Notified: _____

Date Notified: _____ Time Notified: _____

Describe the Incident/Accident: _____
_____
_____
_____

Where Incident/Accident Occured: _____

Who Observed Incident/Accident: _____

How Incident/Accident Occured: _____
_____
_____
_____
_____

Was First Aid Administered? YES / NO   If Yes, by Whom: _____

Describe First Aid Given: _____
_____
_____

Any Additional Information/Notes: _____
_____
_____
_____

Staff Signature (Person Completing Report)   Date

Program Director Signature   Date

Parent Signature   Date