INCIDENT REPORT

Child's Name: _____ D.O.B _____

Today's Date: _____ Type: _____
(Accident, illness, etc)

Time: _____ ____am ____pm Place: _____
(class,outside,etc)

Describe incident: _____

Injuries: _____

Describe Medical service or Treatment Provided: _____

PARENT CONTACTED

Parent name: _____ Date: _____ Time: _____

Phone number: _____

Witnesses Name: _____

Parent Signature: _____ Date: _____

STAFF ONLY

Staff: _____ Date: _____

Management Signature: _____

Date: _____