Child Incidence Report

Room: _____ Child's Name: _____ DOB: _____

Describe the Incident & Injury

□ outside □ inside Time of Incident: _____ Date: _____

_____

_____

_____

Describe the equipment involved

_____

_____

Treatment

_____

_____

Child's Reaction

_____

_____

Supervision - Person(s) witnessing the incident

_____

_____

Was the parent contacted? y n **By Whom?** _____ **Time:** _____

Comments

_____

_____

□ Parent has received a copy of this report _____ _____
Signature Date

Signatures

_____	_____	_____
Staff	Parent	Supervisor
_____	_____	_____
Date	Date	Date

Revised: February 5, 2018