



## Accident/Incident Report

Date: \_\_\_\_\_ Time Occurred: \_\_\_\_\_ Time Treated: \_\_\_\_\_

Child Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age Range of Group: \_\_\_\_\_ Adult/Child Ratio: \_\_\_\_\_

Number of Staff Present: \_\_\_\_\_ Number of Children Present: \_\_\_\_\_

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Description of Accident/Incident and the Environment at the time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(names of other children that may be involved shall not be used)

Emergency Care Provided: \_\_\_\_\_

\_\_\_\_\_

Administered by: \_\_\_\_\_

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Parent Notified by Phone

☐

Ambulance Called

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Parent Notified in Person

☐

Physician Notified

Supervision at time of Observation: \_\_\_\_\_

\_\_\_\_\_

Proactive steps that will be taken to help avoid similar future situations if applicable:

\_\_\_\_\_

Lead Teacher: \_\_\_\_\_

