



ACCIDENT/INCIDENT REPORT

Child's Name		
Date & Time of Accident		
Name of Injury		
Location of Incident		
What was the child doing?		
Caregiver response and first aid		
Additional Notes		
Parent Contacted?		
Name of Parent Contacted		
How was the parent contacted?	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other:	
Time Parent was contacted		
Other Contacts or Actions		

Childcare Provider Signature: _____ Date _____