

Incident Report Form

(Complete in triplicate)

One copy to parent. One copy to child's file. One copy to the accident file

Name of the child: _____

Date of the incident: _____

Time: _____

Description of accident / injury / incident:

Who was involved? _____

Where did it occur? _____

Who witnessed the accident / injury / incident? _____

What injuries or symptoms resulted (describe part of the body)? _____

Was any blood present? _____ How much blood? _____

Where was the blood? _____

What was done for the child (first aid treatment)? _____

Is any further medical attention required? _____

When was the parent notified? _____

When did the parent collect the child? _____

Child's condition when he/she left: _____

What advice was given to the parent? _____

Who was in charge when the incident occurred? _____

What measures are necessary to prevent such an incident in the future? _____

Signature staff member: _____

Signature of parent: _____