



### Accident/Incident Report Form

Date:				Time of accident:							
Name of injured child:											
Facility/Site:					Telephone:						
Address:											
Witness to injury:											
<b>LOCATION OF ACCIDENT/INCIDENT:</b>											
Classroom		Playground		Office		Bathroom		Cafeteria		Kitchen	
Entryway		Doorway		Hallway		Stairway		Bus/Motor vehicle		Field trip	
Other location: Specify											
<b>TYPE OF INCIDENT:</b>											
Motor vehicle		Self-injury		Fall from running		Fall from height _____ (feet)		Lifting injury/Obstacle		Human bite	
Animal bite		Insect sting/bite		Hit by object		Sudden illness/Emergency		Environmental exposure (sun, wind, cold, heat)		Chemical exposure	
Exposure to infectious body fluids		Act of violence		Other: Specify							
<b>INJURED PART OF THE BODY:</b>											
Eyes		Ears		Nose		Mouth		Teeth		Throat	
Neck		Head		Hand		Arm/Wrist/Elbow		Trunk		Back	
Leg/Knee/Ankle		Other: (Specify)									
<b>TYPE OF INJURY:</b>											
Bruise/Swelling		Cut/Laceration/Scrape		Burn/Blister		Sprain/Strain		Injury to bone or joint		Crushing Injury	
Impaled object		Physical trauma to Head-Neck or Spine		Suspected internal injury		Shock		Breathing difficulty		Other: Specify	
<b>Report facts of incident and injury: (Attach additional pages if needed)</b>											
First aid provided at scene:				Yes		No		Describe:			
Was treatment beyond first aid required?				Yes		No		Explain: (911 called, sent to hospital, etc.)			
<b>Instructions provided by staff to parent or guardian:</b>											
Was insurance form sent with the child?						Yes		No, explain:			
Parent/Guardian notified via:			Telephone			In person			Time:		
Staff completing report:						Other staff notified:					
Center Director/Administrator Signature:								Date and Time:			
Parent Signature:								Date and Time:			

Original: Children's File    Copy: Child's Parent