



Incident/Injury Report

Description of Incident

Date _____ Time _____ Caregiver _____

Child Name _____

Exact location within facility where incident/injury occurred

Description of incident

Injuries Noted: _____

Action Taken

First Aid provided by program staff _____ Staff name _____

Parent Notified by Yes No Time of Notification _____

Medical treatment sought? Yes No

If yes, please describe _____

Licensing notified (if a serious injury occurs, it is necessary to notify the licensing).

Yes No

Report written by: _____

Parent signature _____ Date _____

Director's signature _____ Date _____