

INCIDENT REPORT

NAME OF CHILD: _____

ADDRESS: _____

DATE OF INCIDENT: _____

PHONE # OF PARENT: _____

NATURE OF INCIDENT (DESCRIBE IN DETAIL EVERYTHING THAT HAPPENED):

Who was supervising the child at the time: _____

IF MEDICAL CARE WAS REQUIRED, FILL OUT AN ACCIDENT REPORT FORM!

WHO WAS NOTIFIED: _____ TIME: _____
_____ TIME: _____

SIGNATURES:

CAREGIVER

PARENT