

Incident Report
(For Sites not under Child Care Licensing Requirements)

Incident Report

Use this form to collect all required information when a child sustains an injury or reportable incident.

Directions: The employee who observes the incident completes and signs the form. Parents are provided the form within 48 hours of the incident/injury.

General Information

Caregiver in Charge: _____ Director's Name: _____

Child's Full Name: _____ Child's Date of Birth: _____

Time Parent Notified: _____ AM _____ PM

Date of Incident/Illness: _____ Location of Incident/Illness: _____

Time of Incident: _____ AM _____ PM

Parent/Guardian Name: _____ Parent Telephone No.: _____

Was Medical Attention Required? _____ Yes _____ No

Time: _____ Date: _____

Was EMS called? _____ Yes _____ No

Time called: _____ AM _____ PM

Was Child Transported? _____ Yes _____ No

Doctor Called by Operation? _____ Yes Time: _____ ; _____ No

Doctor Recommendation: _____

Was First Aid Provided? _____ Yes _____ No

What was done? _____

Child's Doctor: _____

Doctor's Telephone No.: _____

Did child see his/her doctor? _____ Yes _____ No

Diagnosis: _____

Details of Incident/Illness

Describe the injury or risk to child: _____

How did the incident/injury occur? _____

Additional staff present and/or witness to the incident/injury: _____

Signature of Staff completing report: _____ Date: _____

Signature of Principal: _____ Date: _____

Parent or Guardian Acknowledgment

I verify that the director/person in charge appropriately relayed the information concerning the incident/injury concerning my child. I have received a copy of this report.

Signature of Parent/Legal Guardian: _____

Date Signed: _____