

INCIDENT REPORT FORM

Educator's Name: _____

Educator's address: _____

Date of incident: / / Time of incident:a.m/p.m Date of report: / /

Child's name: _____ D.O.B. _____

DETAILS

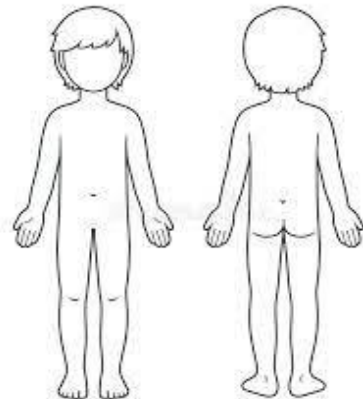
Describe what happened: _____

Where did it happen? _____

Names and ages of those who were present on the premises at the time: _____

Name of witness, if any: _____

Description of any injury sustained: show the location of any injury by marking with an X



***please note: parents must be notified of any head injury, regardless of severity, and an incident report completed**

Action taken: _____

How and when was the parent notified? _____

What time was the parent notified?am/pm

Time child left premises.....am/pm

Name of person collecting child:_____

What, if any, medical assistance was required? _____

Parent's signature:_____

Time Scheme was notified:_____ **To (staff member):** _____

Educator's Signature: _____

For Office Use Only

Follow Up Action:_____

Name: _____ Signature: _____

Position: _____ Date: _____

Original: family file, copy: educator's file.

A copy is to be returned to educator and retained until child turns 25 years of age