Accident Report

Child's Name: _____ Date of Injury: _____
M/D/Y

Time of Injury: _____ (AM/PM) Adults Present: _____

The accident/injury occurred _____

_____
(specify location)

Was is necessary to notify parents/caregiver? Yes No

Parents/Caregivers were notified by: phone email text left message in person

Name of parent/caregiver notified: _____

Other persons notified: _____

The injury can best be described as:

☐ Scrape ☐ Bruise ☐ Cut ☐ Burn ☐ Bump ☐ Splinter ☐ Insect bite

☐ Loss of consciousness ☐ Other: _____

Body parts involved (be specific): _____

Description of how the accident/injury occurred: _____

_____

_____

Treatment:

☐ Cuddles and comfort ☺ ☐ Ice/Cold Pack ☐ Pressure ☐ Washed

☐ Applied _____ ☐ Bandage ☐ Other: _____
name of medication

_____
Signature of child care provider Date Time

_____
Signature of parent/caregiver Date Time

© 2017 Gee Whiz Education, LLC