

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 it 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

