

Child Incident Report

Child's Name _____ Age _____

Date _____ Time: _____

Nature of Incident: _____

Nature of Injury: _____

First Aid Administered: _____

Group Activity at time of incident: _____

Person attending to incident: _____

Other staff present: _____

Parents were notified of the incident by: _____ TELEPHONE _____ REPORT

Signatures:

Provider _____ Date _____

Parent _____ Date _____

Comments: