



# Accident Report

Child's Name: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Parent's Notified by: \_\_\_\_\_

Place where Incident Happened: \_\_\_\_\_

Description of how incident happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Specify Injured Body Parts: \_\_\_\_\_

First Aid Administered: \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_