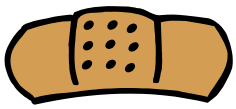
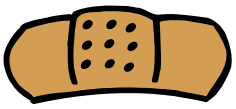


ACCIDENT REPORT



Child's Name:	
Date of Accident:	
Time of Accident:	
Nature of Injury:	
Location of Incident:	
What the child was doing:	
Caregiver response and first aid:	
Name of Caregiver that responded:	
Additional Information:	
Parent contacted?	☐Yes ☐No
Name of Parent contacted:	
Who contacted parent:	
How parent was contacted:	☐Phone ☐Email ☐Other:
Time parent was contacted:	
Other Contacts or Actions:	

Child Care Provider Signature

Date:_____