

Minor Accident, Incident, or Injury Report

Please Write Clearly

Date of Injury ____/____/____

Time of Incident _____ am pm

Name of Child _____

Age of Child _____ Gender of Child? Male Female Location When Injury Occurred? Inside Outside

Body Parts Injured _____

Type of Injury _____

Individuals who Observed the Incident _____

Describe what happened: _____

Describe what action or treatment that was taken in response to this incident, and by whom: _____

Was a parent, guardian or emergency contact person notified of the accident/incident? Yes No

If yes, name of person(s) contacted: _____

Date and time of contact: ____/____/____ at _____ am pm

Any Additional Comments: _____

Provider's Name: _____ Phone: _____ Fax: _____

Provider's Address: _____

Type of Facility (Circle One): Licensed Family Residential Certificate

_____/_____/_____
Signature of Provider Date

_____/_____/_____
Signature of Authorized Person Picking Up the Child Date

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.