

Accident Report

Date: _____ Time: _____

Child's Name: _____

Description of event, give a detailed description of accident, event or situation:

Actions taken, describe in detail the actions taken, parents/physicians contacted and corresponding answers, time of call and name of individuals & doctor contacted:

Teacher Present (print name): _____ Director: _____

Individual filling report (print name): _____

Parents Copy

School Copy

When a child is injured outside of school, it is in the best interest of the child for the family to inform us of the event. If during our care the child becomes suddenly ill, or the injury/symptoms worsen & we find ourselves needing to call emergency services it is extremely important to provide to them the most detailed information that may relate to the event.

For your child's safety, and well being if we see anything unusual @ drop-off we will ask you to fill our the form before we can receive your child for the day. We may request this even if the bruise it's dissipating, or the cut, scrape is on the mend/healing.