Accident/Illness Report

Accident/Illness Report

| Center: | | Center: | |
|--|-------|--|-------|
| Child's Name: | Age: | Child's Name: | Age: |
| Date & Time of Accident/Illness: | | Date & Time of Accident/Illness: | |
| Location of Accident: | | Location of Accident: | |
| Description of Accident: | | Description of Accident: | |
| Description of Injury: | | Description of Injury: | |
| Description of Medical Treatment/First Aid: | | Description of Medical Treatment/First Aid: | |
| | | - Description of Medical Treatment/First Aid. | |
| Description of Illness (include temperature): | | Description of Illness (include temperature): | |
| Name of Parent Contacted: | | Name of Parent Contacted: | |
| Time: How: | | Time: How: | |
| If unable to reach parent, name of person contacted: | | If unable to reach parent, name of person contacted: | |
| Witness(es) to Accident: | | Witness(es) to Accident: | |
| Name of Staff Completing form: | | Name of Staff Completing form: | |
| Staff Signature: | Date: | Staff Signature: | Date: |
| Management Signature: | Date: | Management Signature: | Date: |
| Parent/Guardian Signature: | Date: | Parent/Guardian Signature: | Date: |