

# Accident/Illness Report

Center: \_\_\_\_\_

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

Date & Time of Accident/Illness: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Medical Treatment/First Aid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Illness (include temperature): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent Contacted: \_\_\_\_\_

Time: \_\_\_\_\_ How: \_\_\_\_\_

If unable to reach parent, name of person contacted: \_\_\_\_\_  
\_\_\_\_\_

Witness(es) to Accident: \_\_\_\_\_

Name of Staff Completing form: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# Accident/Illness Report

Center: \_\_\_\_\_

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

Date & Time of Accident/Illness: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Medical Treatment/First Aid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Illness (include temperature): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent Contacted: \_\_\_\_\_

Time: \_\_\_\_\_ How: \_\_\_\_\_

If unable to reach parent, name of person contacted: \_\_\_\_\_  
\_\_\_\_\_

Witness(es) to Accident: \_\_\_\_\_

Name of Staff Completing form: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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