

# ACCIDENT & INJURY FORM

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

INCIDENT TYPE: \_\_\_\_\_

NAME OF ADULT PRESENT: \_\_\_\_\_

BRIEF DESCRIPTION OF INCIDENT:  
\_\_\_\_\_  
\_\_\_\_\_

ACTION TAKEN:  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN CONTACTED AND THEIR RESPONSE:  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION:  
\_\_\_\_\_  
\_\_\_\_\_