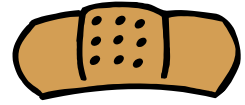


ACCIDENT REPORT



| | |
|--|---|
| Child's Name: | |
| Date of Accident: | |
| Time of Accident: | |
| Nature of Injury: | |
| Location of Incident: | |
| What the child was doing: | |
| Caregiver response and first aid: | |
| Name of Caregiver that responded: | |
| Additional Information: | |
| Parent contacted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Parent contacted: | |
| Who contacted parent: | |
| How parent was contacted: | <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: |
| Time parent was contacted: | |
| Other Contacts or Actions: | |

Child Care Provider Signature

Date: _____