



Accident Report

Child's Name: _____

Date of Accident: _____

Time of Accident: _____

Location of Incident: _____

Caregiver who responded: _____

Nature of Injury: _____

How the accident occurred:

Caregiver response/First Aid given:

Guardian contacted?

Yes

No

Name of Guardian contacted: _____

Date/Time Guardian was contacted: _____

How was the guardian contacted: _____

Additional information:

*I have been informed by my childcare provider about the accident involving my child on the above date.

Provider Signature

Parent/Guardian Signature

Date

Parent/Guardian Signature