Accident/Injury Report

Name of Facility		**Address (Street, City, State, Zip)**	
Date of Report		**Time of Report**	
Child Information			
DOB or Age		**Gender**	☐ Male ☐ Female
Person Reporting		**Relationship of Reporter to Facility**	
Incident Information			
Date of Incident		**Time of Incident**	
Witnesses	*Name*: *Address (Street, State, Zip)*: *Phone number:*		
	Name: *Address (Street, State, Zip)*: *Phone number:*		
Nature of the Incident	☐ **Death of child while in care** ☐ **Death of child due to contagious disease (Name of Disease _____ _____)** ☐ **Child injury resulting in treatment by medical professional Injury resulting in admission to hospital (Name of Physician or Hospital _____ _____)** ☐ **Injury resulting in death**	**Location**	☐ Classroom ☐ Playground/ Playroom ☐ Bathroom ☐ Kitchen ☐ Basement ☐ Unapproved Area (_____) ☐ Off-Site Activity (_____) ☐ Unknown ☐ Other

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Cause of Injury	☐ Hit/Cut by Object ☐ Fall from Activity/Equipment (_____) ☐ Fall (Running/Tripping) ☐ Bitten/Scratched by Another Child ☐ Hit/Pushed by Another Child ☐ Eating/Choking ☐ Insect Bite/Sting ☐ Bite from Another Animal ☐ Burn ☐ Heat/Cold Exposure ☐ Other
Incident Details	