



Accident Information

Child's Full Legal Name: _____

Child's Birthdate: _____

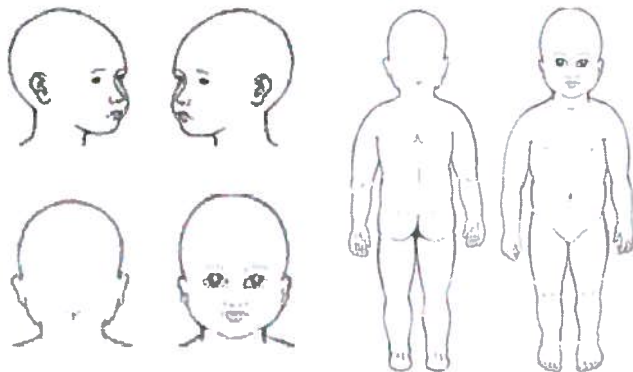
Date of Accident (dd/mm/yyyy) _____

Time of Accident (hh:mm AM/PM): _____

Location where the accident occurred (e.g., preschool room, playground etc.):

Name(s) of individual(s) who observed the accident:

Please **circle the area(s)** of the child's body where the injury occurred:



Nature of the Injury:

☐Bruise ☐Cut ☐Scrape ☐Bump

☐Other (Please Describe in Detail):

Child's Reaction to the Accident/Injury:

☐Crying ☐Child has a positive attitude ☐No reaction from child

☐Other: _____

Description of what Caused the Accident:

Additional information/comments related to the incident (Ex: Corrective action, discussion, or steps to preventing future accidents)

First Aid Administered – What type and by Whom:

How and when the parent was notified:

<input type="checkbox"/> Phone	Time notified: _____	By Whom: _____
<input type="checkbox"/> Voicemail was left	Time notified: _____	By Whom: _____
<input type="checkbox"/> Email	Time notified: _____	By Whom: _____
<input type="checkbox"/> In-person at pick-up	Time notified: _____	By Whom: _____

Parent/Guardian Signature: _____

Date: _____

Provider Signature: _____

Date: _____

Was any further action taken? (Ex: was the child taken to the hospital or the clinic?)

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****Note to Parents:** Please consider providing Children's Choice or your day home provider with a status update, so that any additional health, medication, or safety needs can be met.