



Accident and Illness Report

Child's Name _____ Date: _____ Time: _____

Details of incident that caused injury:

1. Location of accident/incident: _____

2. How it occurred: _____

3. Action Taken: _____

Details of on-set illness while in care:

1. Type of illness: _____
2. Does illness require exclusion from care? YES or NO
3. Temperature of child and medication given: _____
4. If communicable, have other parents been notified? YES or NO
5. Health Department notified? (if applicable) YES or NO

Was parent/guardian notified? YES or NO Time called: _____ A.M. P.M.

Comments: _____

I verify that this is a true and accurate account of the injury/incident/illness that occurred concerning this child.

Signature of Provider

Date

I verify that the provider appropriately relayed the information regarding my child. I have received a copy of this report.

Signature of Parent/Guardian

Date

