



## CHILDCARE ACCIDENT REPORT

Name of Child: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Describe the Accident: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

First Aid Given: \_\_\_\_\_

Was the parent contacted?  Y  N How? \_\_\_\_\_

Which parent was contacted? \_\_\_\_\_

Who contacted the parent? \_\_\_\_\_

What time were they contacted? \_\_\_\_\_

Additional Contacts or Actions: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_