

Accident Report

Please use this form to report accidents to the injured child's parent(s) as required by state licensing rules. Please keep a copy in the child's file.

Content of this form is based upon national recommendations and sample forms from other child care programs. Please modify this form to meet any other requirements of your childcare programs.

Name of program/operator: _____

Address of program: _____

Name of injured child: _____ Child's date of birth: _____

Gender: Male _____ Female _____ Were there other children involved? Yes No

Date of injury: ____/____/____ Time of Injury: ____:____ am pm

Circle where injury occurred: playground in facility field trip during transport

Location details: _____

Circle during what activity: Outdoor free play Outdoor organized play Water play Indoor Free play Indoor organized play going up/down stairs Meal/snack Naptime Bathroom

Activity details: _____

Equipment involved, if any: _____

Result of injury – observed symptom(s): _____

Circle body area injured: (Circle and note if injury is to the child's Left or Right) Head Hair Face Eye L/R Ear L/R Mouth Nose Neck Chest Back Stomach Buttocks L/R Genitals Arm L/R Hand L/R Left L/R Foot L/R Finger (Specify) _____

Description of how injury occurred: _____

Description of first aid administered to child/ by whom: _____

Parent/Guardian notification Date notified: ____/____/____

Print name(s): _____

Signature(s): _____

Serious Injury Report

Most state licensing units require child care providers report injuries that require medical treatment by a physician or emergency room, for example, a broken bone, losing consciousness.

Parents and state licensing staff know children are active and no amount of child proofing and supervision can prevent all injuries. However, reporting injuries can help prevent them in the future by identifying injury patterns specific to the child care environment, and/or with a child who may need help with difficulties associated with balance, vision or foot positioning.

Please report serious injuries to the Child Care Licensing Unit at 287-9300 or your licensing worker within 24 hours. Please keep in mind licensing workers are not able to give medical advice. Medical attention is a parental decision or a provider's decision when a parent cannot be reached.

Medical attention required? _____ No _____ Yes (If yes, check below)

___ Parent contacted, child remained in center

___ Paramedics treated

___ Transported to hospital by ambulance

___ Parent reported taking child to doctor/clinic

___ Parent reported taking child to emergency room

___ Child admitted to hospital

___ Other _____

Describe outcome, as reported by parent: (Example: cast, stitches, return to child care date, etc.)

Comments (for example, prevention in future?): _____

Person reporting injury: _____ Date: ____/____/____

Reported to: _____

Name of official/agency notified: _____

Witnesses to Injury, print name(s): _____

Signature(s) and date(s) signed:

_____ Date: ____/____/____

_____ Date: ____/____/____