INCIDENT/ACCIDENT REPORT

Child's Full Name:_____ Date:_____

Room #: _____ Teacher's Full Name:_____ Time:_____

Description of Incident/Accident:

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Location of Incident/Accident *(Check ALL that apply)*

☐Bathroom ☐Playground ☐Hallway ☐Field Trip ☐Wobbler Room ☐Infant Room

☐One's Room ☐Two's Room ☐Three's Room ☐Four's Room ☐School Age Room ☐Office

Markings *(Select ALL that apply)*

☐Abrasion ☐Bump ☐Red Mark ☐Sprain (Suspected) ☐Fracture (Suspected)

☐Scratch ☐Bruise ☐Rug Burn ☐Bite ☐Cut/Tear

☐Other *(be specific)*_____

What body part is affected? (arm, face, leg, etc)_____

First Aide Required? ☐No ☐Yes (be specific)_____

_____

Parent Called? ☐Yes _____Time

☐No (*Explain Why)*_____

_____

Teacher's Signature:_____

Parent's Signature:_____ Date:_____