

Child's Name:	
Date of Accident:	
Time of Accident:	
Nature of Injury:	
Location of Incident:	
What the child was doing:	
Caregiver response and first aid:	
Name of caregiver that responded:	
Additional Information:	
Parent contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of parent contacted:	
Who contacted parent:	
How parent was contacted:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other
Time parent was contacted:	
Other contacts or actions:	

Child Care Provider Signature: _____

Date: _____