

# DAY CARE INCIDENT REPORT

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Day care name: \_\_\_\_\_

Reporter name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Full address: \_\_\_\_\_

\_\_\_\_\_

Date of report: \_\_\_\_\_ Date and time of accident: \_\_\_\_\_

Was this reported to parents? Yes ☐ No ☐

Date daycare was notified, by parent, of medical care needed: \_\_\_\_\_

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Child name: \_\_\_\_\_ Age of the child: \_\_\_\_\_

Parent's name \_\_\_\_\_

Parents address \_\_\_\_\_ Phone number: \_\_\_\_\_

Place of accident: \_\_\_\_\_

\_\_\_\_\_

Nature of injury received: \_\_\_\_\_

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First aid administered? Yes ☐ No ☐ other treatment: \_\_\_\_\_

Doctor required? Yes ☐ No ☐ \_\_\_\_\_

Description of the injury:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_

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Signature of the parents

Date: \_\_\_\_\_