



INCIDENT/ACCIDENT REPORT

Name of Child: _____ Date of Birth: _____
Date of Incident/Accident: _____ Time: _____
Parent/Emergency Contact Notified: _____ Date: _____ Time: _____
Name
FDH Coordinator Notified: _____ Date: _____ Time: _____

ACCIDENT/INCIDENT:

What was the accident/incident?

Where did the accident/incident occur?

Who observed the accident/incident?

How did the accident/incident occur?

Was first aid administered? YES _____ NO _____

Who administered First Aid? _____

What First Aid was given?

Was any further action taken (e.g. child taken to hospital?)

Additional information comments and corrective action taken:

Provider Signature

date

Family Day Home Coordinator

date

Parent Signature

date