

Child's Accident/Incident Report (fillable version)

Complete at time of accident/incident and record in medical log book. For even a minor head injury, parents must be called *immediately* and encouraged to seek medical attention.

Injured Child Click here to type name.	Date of Birth Click here to select date.	M/F Click here	Reach Dane / Reach Green Program Click here to choose a program.
Parent/Guardian Click here to type name.	Address (Street, City) Click here to type address.		Phone Click here to type phone number.
Date of Accident/Incident Click here to select date.	Supervising Teacher Click here to type name.		
Parent Notified? Yes <input type="checkbox"/> No <input type="checkbox"/> How? Click here to select contact method. Time parent was notified? Click here to enter time. By Whom? Click here to type name.			
Specific Part of Body Injured: Choose an area.	Time of Incident: Click here to type time of incident. AM PM	Staff present: Click here to type name(s).	
Location where incident occurred: <input type="checkbox"/> Playground <input type="checkbox"/> Classroom <input type="checkbox"/> Bathroom <input type="checkbox"/> Hallway <input type="checkbox"/> Gym <input type="checkbox"/> Multipurpose Room <input type="checkbox"/> Big Room <input type="checkbox"/> Other (specify): _____			
1. Classroom Tracking: <input type="checkbox"/> Block area <input type="checkbox"/> Dramatic Play Area <input type="checkbox"/> Sensory Area <input type="checkbox"/> Fine Motor Area <input type="checkbox"/> Gross Motor Area <input type="checkbox"/> Eating Area <input type="checkbox"/> Other (specify): Click here to type details.			
2. Outside Tracking: <input type="checkbox"/> Climber <input type="checkbox"/> Sandbox <input type="checkbox"/> Gross Motor Area <input type="checkbox"/> Playground Surface <input type="checkbox"/> Bike/Bike Path <input type="checkbox"/> Other (specify): Click here to type details.			
Cause of Injury: <input type="checkbox"/> Fall to surface: Estimated height of fall: feet. Type of surface: <input type="checkbox"/> Fall from running or tripping <input type="checkbox"/> Bitten by child <input type="checkbox"/> Hit or pushed by child <input type="checkbox"/> Injured by object/Furniture <input type="checkbox"/> Insect sting/bite <input type="checkbox"/> Other (specify): Click here to type details.			
Describe in detail what happened: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>			
What did the wound/injury look like? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Size of wound? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Describe first aid given: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Was child taken home due to injury? <input type="checkbox"/> No <input type="checkbox"/> Yes - By whom? Click here to type name.			
EMS (911) or other medical professional notified? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Conveyed to hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes - By whom? Click here to type name.			
If medical treatment was needed, which program supervisor was contacted? Click here to type name. How/when? Click here to type method/time.			
Clinic/Hospital: Click here to choose a clinic/hospital.			
If medical treatment was needed you must contact the Child and Family Programming Director. Date Licensing notified: Click here to select date.			

Describe treatment provided by medical professional:	
<input type="text"/>	
What steps, if any, will be taken to prevent a similar accident/incident?	
<input type="text"/>	
Signature of Person Completing Form: Click here to type name.	Date: Click here to select date.
Lead Teacher Signature (if necessary): Click here to type name.	Date: Click here to select date.
Site Director Signature: Click here to type name.	Date: Click here to select date.
Follow up parent contact, if any:	
<input type="text"/>	

If you use this fillable version instead of the carbon copy version, please print three copies and distribute as follows:

One copy to Master File

One Copy to Classroom File

One copy to Parent File