

Child's Accident/Incident Report

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.

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|--|------------------------------------|----------------|--------------------|
| Injured Child's Name | Date of Birth | M/F | Reach Dane Program |
| Parent/Guardian | Address (Street, City) Phone | | |
| Date of Accident/Incident | Supervising Teacher | | |
| Parent Notified? | How? | Time? | By Whom? |
| Specific Part of Body Injured: | Time of Incident: _____ AM / PM | Staff present: | |
| Location where incident occurred: <input type="radio"/> Playground <input type="radio"/> Classroom <input type="radio"/> Bathroom <input type="radio"/> Hallway <input type="radio"/> Gym <input type="radio"/> Multipurpose Room <input type="radio"/> Big Room <input type="radio"/> Other (specify): _____ | | | |
| 1. Classroom Tracking: <input type="radio"/> Block area <input type="radio"/> Dramatic Play Area <input type="radio"/> Sensory Area <input type="radio"/> Fine Motor Area <input type="radio"/> Gross Motor Area <input type="radio"/> Eating Area <input type="radio"/> Other (specify): _____ | | | |
| 2. Outside Tracking: <input type="radio"/> Climber <input type="radio"/> Sandbox <input type="radio"/> Gross Motor Area <input type="radio"/> Playground Surface <input type="radio"/> Bike/Bike Path <input type="radio"/> Other (specify): _____ | | | |
| Cause of Injury: <input type="radio"/> Fall to surface: Estimated height of fall: _____ feet. Type of surface: _____ <input type="radio"/> Fall from running or tripping <input type="radio"/> Bitten by child <input type="radio"/> Hit or pushed by child <input type="radio"/> Injured by object/Furniture <input type="radio"/> Insect sting/bite <input type="radio"/> Other (specify): _____ | | | |
| Describe in detail what happened: (Examples: pinched (by object or child); scratched/cut; collision with a child; bumped head.) | | | |
| What did the wound/injury look like? Size of wound? | | | |
| Describe first aid given: | | | |
| Was child taken home due to injury? <input type="radio"/> No <input type="radio"/> Yes - By whom? | | | |
| EMS (911) or other medical professional notified? <input type="radio"/> No <input type="radio"/> Yes | | | |
| Conveyed to hospital? <input type="radio"/> No <input type="radio"/> Yes - By whom? | | | |
| If medical treatment was needed, which program supervisor was contacted? _____ How/when?: | | | |
| Clinic/Hospital: | | | |
| Describe treatment provided by medical professional: | | | |
| If medical treatment was needed you must contact the Child and Family Programming Director. | | | |
| Date Licensing notified: _____ | | | |
| What steps, if any, will be taken to prevent a similar accident/incident? | | | |
| Signature of Person Completing Form: | | | Date: |
| Lead Teacher Signature (if necessary): | | | Date: |
| Site Director Signature: | | | Date: |
| Follow up parent contact, if any: | | | |