



## Accident/Incident Report

- Accident reports **must be completed immediately** after the incident.
- Report must be completed by the person in charge at the time of incident.
- Administration **must sign** before the form is sent home.
- Make a copy for the office before sending the original form home.

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

Time: \_\_\_\_\_ AM/PM

Name: \_\_\_\_\_

Location of accident/incident: \_\_\_\_\_

Description of accident/incident: \_\_\_\_\_

Treatment/First Aid: \_\_\_\_\_

Disposition/Determination: \_\_\_\_\_

Administration Notified (Date): \_\_\_\_\_ Time: \_\_\_\_\_

Parents/Family Notified (Date): \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_