

ACCIDENT REPORT FORM

If the accident requires more than a hug and a kiss, please complete this form.

Child's name _____ Date of accident _____

Person administering first aid _____ Time _____ a.m. p.m.

Witnesses _____

Briefly describe how the accident occurred (please print) _____

Parent(s) notified by this Report _____ a Phone call _____.

For office log only-other child involved: _____

A. Type of Injury (circle one)	B. Part of Body Injured (circle all that apply)																																			
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C. Treatment Given (circle all that apply)	D. Person in charge								
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E. Location of Accident (circle one)	F. Activity at Time of Accident (circle one)																		
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G. Context: Environment (circle all that apply)	H. Context: Child (circle all that apply)																
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Teacher's signature _____ Date _____

Parent's signature _____ Date _____