

# Accident Report

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Describe the nature of the accident (include description of accident and injury, where accident took place, and teachers involved).

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What was done for the child: \_\_\_\_\_

Was the parent contacted regarding the accident?  Yes  No

\_\_\_\_\_

Parent(s) Signature

\_\_\_\_\_

Date

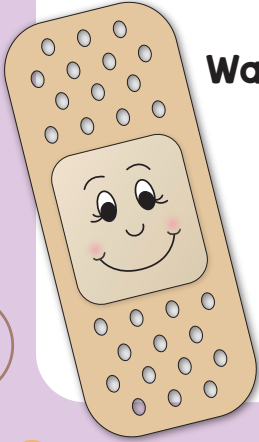
\_\_\_\_\_

Provider's Signature

\_\_\_\_\_

Date

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