

Incident Report Form

General Information

Child's name _____

Supervising Adult(s) _____

Information on Incident

Date _____ Time _____

Parents notified by _____ Date _____ Time _____

Location where incident occurred

Classroom Bathroom Playground Hall Doorway Other
(specify) _____

Equipment/product involved

Chair Rocker Swing Slide Door Hand toy Climbing equipment
 Ride-on toy Other (specify) _____

Cause of injury

Fall to surface Height of fall _____ Type of impact surface _____

Bitten by child Fall from running or tripping Insect/bee sting Animal bite

Hit or pushed Motor vehicle Eating or choking

Injured by an object (specify) _____ Other (specify) _____

Part of body injured

Eye Ear Nose Throat Tooth Neck Trunk Arm/wrist/hand Leg/ankle/foot

Other part of head or face (specify) _____

Type of injury

Cut Bruise/swelling Puncture Scrape Sprain Burn Broken bone/dislocation

Crushing injury Loss of consciousness Other (specify) _____

First aid administered _____

Name of person that administered first aid _____

Corrective action taken to prevent reoccurrence _____

Signature of person making report _____ Date _____

Signature of staff member _____ Date _____

Signature of parent _____ Date _____