



## Incident Report Form

Fill in all blanks and boxes that apply.

Name of Program: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_/\_\_\_/\_\_\_ Incident Date: \_\_\_/\_\_\_/\_\_\_

Time of Incident: \_\_\_:\_\_\_ am/pm Witnesses: \_\_\_\_\_

Name of Legal Guardian/Parent Notified: \_\_\_\_\_ Notified by: \_\_\_\_\_ Time Notified: \_\_\_:\_\_\_ am/pm

EMS (911) or other medical professional  Not notified  Notified Time Notified: \_\_\_:\_\_\_ am/pm

Location where incident occurred:  Playground  Classroom  Bathroom  Hall  Kitchen  Doorway  
 Gym  Office  Dining Room  Stairway  Unknown  Other (specify) \_\_\_\_\_

Equipment / Product involved:  Climber  Slide  Swing  Playground Surface  Sandbox  
 Trike/Bike  Handtoy (specify): \_\_\_\_\_  
 Other Equipment (specify): \_\_\_\_\_

Cause of Injury (describe): \_\_\_\_\_

- Fall to surface; Estimated height of fall \_\_\_ feet; Type of surface: \_\_\_\_\_
- Fall from running or tripping  Bitten by child  Motor vehicle  Hit or pushed by child
- Injured by object  Eating or choking  Insect sting/bite  Animal bite  Exposure to cold
- Other (specify): \_\_\_\_\_

Parts of body injured:  Eye  Ear  Nose  Mouth  Tooth  Part of face  Part of head  
 Neck  Arm/Wrist/Hand  Leg/Ankle/Foot  Trunk  Other (specify): \_\_\_\_\_

First aid given at the facility (e.g. comfort, pressure, elevation, cold pack, washing, bandage): \_\_\_\_\_  
 \_\_\_\_\_

Treatment provided by: \_\_\_\_\_

- No doctor's or dentist's treatment required
- Treated as an outpatient (e.g. office or emergency room)
- Hospitalized (overnight) # of days: \_\_\_\_\_

Number of days of limited activity from this incident: \_\_\_\_\_ Follow-up plan for care of the child: \_\_\_\_\_  
 \_\_\_\_\_

Corrective action needed to prevent reoccurrence:  
 \_\_\_\_\_

Name of Official/Agency notified: \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian/Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Reference: American Academy of Pediatrics, Pennsylvania Chapter. 2002. *Model child care health policies*. 4th ed. Washington, DC: national Association for the Education of Young Children.  
 This form was developed for *Model Child Care Health Policies*, 2002, by the Early Childhood Education Linkage System (ECELIS), a program funded by the Pennsylvania Depts. of Health & Public Welfare and contractually administered by the PA Chapter, American Academy of Pediatrics.