

INCIDENT/ILLNESS REPORT

Fill in all appropriate areas. Use additional sheets as necessary.

Child's Name		Date of Birth	Licensing notified? (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Address		Date of Incident/Illness	Date/Time Person's name	
Place of Incident		Time of Incident/Illness <input type="checkbox"/> am <input type="checkbox"/> pm		
Caregiver in Charge of Child	Operation Name	Operation ID #	Time Parent Notified <input type="checkbox"/> am <input type="checkbox"/> pm	
Parent's Name		Parent's Telephone	Date Parent Notified	
Did the child see his/her doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was First Aid Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No What was done?	Was medical attention required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was EMS called? <input type="checkbox"/> Yes <input type="checkbox"/> No Time called <input type="checkbox"/> am <input type="checkbox"/> pm Time responded <input type="checkbox"/> am <input type="checkbox"/> pm	
If so, fill out information below:				
Child's Doctor	Doctor's Address	Doctor's Phone #	Doctor called <input type="checkbox"/> yes (time) <input type="checkbox"/> no	
Doctor's Diagnosis or Instructions			Date/Time Consulted <input type="checkbox"/> am <input type="checkbox"/> pm	

A. Details of Incident That Caused Injury or Placed Child at Risk:

Describe injury or risk in which child was placed:
Where and how did the incident/injury occur?
Staff who witnessed the incident/injury.
Other staff who were present at the time of the incident/injury.

B. Details of On-set of Illness While in Care

Type of Illness		Does the illness require exclusion from care? <input type="checkbox"/> Yes <input type="checkbox"/> No
If communicable: other parents notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Method used:		Health Dept. notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date
Temperature of Child	Medication given	

I verify that the above information is a true and accurate account of the incident/injury that occurred concerning this child.

Signature of Director/Person in Charge

Date Signed

I verify that the director/person in charge appropriately relayed the information concerning the incident/injury concerning my child. I have received a copy of this report.

Signature of Parent

Date Signed

