

INCIDENT/ILLNESS REPORT

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

Caregiver in Charge of Child		Operation Name		Operation ID #	Time Parent Notified <input type="checkbox"/> am <input type="checkbox"/> pm
Child's Name			Date of Birth	Licensing notified? (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Date/Time	
				Person's name	
Child's Address			Date of Incident/Illness		Time of Incident/Illness <input type="checkbox"/> am <input type="checkbox"/> pm
Place of Incident					
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