

# ACCIDENT REPORT

Centre Name : \_\_\_\_\_

Child's Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Event Type : Accident

Date : \_\_\_\_\_ Time: \_\_\_\_\_

Location : \_\_\_\_\_

Description :

Care Given :

Witness if any: \_\_\_\_\_

Were parents notified? \_\_\_\_\_

How were parents notified? \_\_\_\_\_

Other comments if any:

Staff Signature

Parents Signature

