Incident Report Form

Fill in all blanks and boxes that apply.

Name of Facility: _____ 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 Not Notified ☐EMS (911) or Other Medical Professional Notified: _____ Time Notified:____:____am/pm

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

Any Equipment / Product involved: ☐Climber ☐Slide ☐Swing ☐Playground Surface ☐Sandbox ☐Trike/Bike
☐Hand toy (specify): _____ ☐Other Equipment (specify): _____

If injury occurred, cause of Injury (describe) or indicate no injury occurred:

_____

☐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 ☐Exposure to heat
☐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 ☐Comfort ☐Pressure ☐Elevation ☐Cold pack ☐Rinse with water ☐Bandage ☐Rest
☐Other (specify) _____

_____

Treatment Provided by (Name): _____ Phone:_____
☐EMS
☐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 Supervisor Notified: _____

Name of Official/Agency Notified: _____

Signature of Staff Member Completing Form: _____ Date: _____

Signature of Legal Guardian/Parent:_____ Date: _____

Copies 1) child's folder 2) parent 3) injury log