INCIDENT/ACCIDENT REPORT

hild's Full Name:		Date:	
	II Name:		Time:
Description of Incident/Accid	lent:		
ocation of Incident/Accident	(Check All that apply)		
	- Hallway - Field Trip -	Wobbler Room	□Infant Room
	□ Three's Room □ Four's Room □	School Age Room	□Office
arkings (Select ALL that apply)			
•	□Red Mark □Sprain (Suspect □Rug Burn □Bite □□	ted) □Fracture(5 Cut/Tear	uspected)
Other(bespecific)	Likuy bui ii Libite Li	cuit teui	
•	cted? (arm, face, leg, etc)		
irst Aide Required? □No	□ Yes (be specific)		
arent Called? Dyes			
□ No (Explain	Why)		
eacher's Signature:			
anont'a Cianatura		Date:	
areni S Dianature.		DATE:	