

ACCIDENT – INJURY - ILLNESS REPORT

ACCIDENT/INJURY/ILLNESS REPORT

Child's Name: _____

Date: _____ Time of Accident: _____

Particulars of accident and injury: _____

Particulars of illness: (symptoms, treatment) _____

Type of aid administered: _____

Were the parents, guardian, and/or emergency contact person notified? Yes _____ No _____

Was hospital treatment required? Yes _____ No _____

If yes, give particulars _____

Additional information, comments: _____
