

Form 14

INCIDENT REPORT

Child's name _____

Date of incident _____ Time of incident _____

Description of incident _____

Place incident occurred _____

Description of incident (including any equipment or product involved) _____

Description of injury and body part involved _____

Name of witnesses _____

Action taken _____

Was parent called? _____

Was anybody else called? _____

Was doctor called? _____

Corrective action needed to prevent such incidents from reoccurring. _____

Additional information _____

Signature _____ Date _____