

SonRise DayCare
INCIDENT/ACCIDENT REPORT

CHILD NAME: _____

DATE OF INCIDENT/ACCIDENT: _____

TYPE OF ACCIDENT OR INCIDENT: _____

ACTION TAKEN AGAINST THE INCIDENT/ACCIDENT

WAS THE INJURED CHILD'S PARENTS CONTACTED? YES () NO ()

IF YES, INDICATE THE RESPONSE:

WAS SUPERVISOR NOTIFIED YES () NO ()

OTHER INFORMATION PERTINENT TO THE SITUATION:

SIGNATURE OF DIRECTOR/TEACHER: _____

DATE: _____

SIGNATURE OF PARENT: _____

DATE: _____