

INCIDENT REPORT

INCIDENT DATE : _____
BC/CPE/DAYCARE/REGROUPEMENT : _____ POLICY NO : _____
HOME CHILD CARE PROVIDER : _____
ADDRESS : _____ TEL : () _____
CITY : _____ POSTAL CODE _____
DIRECTOR/COORDINATOR: _____

INJURED : _____ DATE OF BIRTH : _____
PARENT : _____
ADDRESS : _____ TEL : () _____
CITY : _____ POSTAL CODE : _____

REPORTED TO : _____ DATE : _____ TIME : _____

SCENE OF THE INCIDENT :
CENTER ROOM: _____ PLAYGROUND: _____ OTHER: _____

BRIEFLY DESCRIBE THE INCIDENT:

DESCRIBE THE INJURY (IES):

NAME OF THE PROVIDER IN CHARGE AT THE TIME OF THE INCIDENT :

IMMEDIATE MEASURES (FIRST AID) :

TRANSPORTATION TO HEALTH SERVICES : _____
HOSPITALISED : YES NO
NAME OF HOSPITAL : _____ ROOM NO: _____
ADDRESS : _____
EXAMINED AT EMERGENCY : _____

WITNESS 1. NAME _____ TEL : () _____
WITNESS 2. NAME _____ TEL : () _____

I, PARENT/GUARDIAN ACKNOWLEDGE HAVING BEEN INFORMED OF THE INCIDENT AS DESCRIBE IN THIS DOCUMENT.

SIGNATURE _____ DATE : _____
PARENT/GUARDIAN

SIGNATURE _____ DATE : _____
DIRECTOR /COORDINATOR/PROVIDER/