



MY INCIDENT / ACCIDENT REPORT



Child's Name : _____

Date: _____

Nature of injury: (describe the injury/incident in detail and how it occurred)

Care given:

Who was present when injury/incident occurred:

➤ Called Parent/Guardian	Time:	➤ Called Physician	Time:
➤ Called 911	Time:	➤ Called Poison Control	Time:

4310 revised 4/18/06



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