

Incident / Accident Info Form

Circle the correct word then give a description of what happened. For example: the child that bites would get an incident form the child who was bitten would get an accident form.

Date: _____

Child's Name: _____ Teachers Name: _____
Service time: _____ Room: _____

Incident / Accident:

Action Taken:

Teacher's Signature: _____ Date: _____

Leaders/Staff members Signature: _____ Date: _____

Parent's Signature: _____ Date: _____