Childcare Center Accident Report Sheet

| Child's Name |
|--|
| |
| |
| Date of Accident |
| |
| |
| Time of Accident |
| |
| |
| Staff Present |
| |
| |
| Witness(es) |
| |
| |
| Location of Accident |
| |
| |
| Description of Accident |
| |
| |
| |
| Injury Sustained |
| |
| |
| |
| First Aid Given / Action Taken |
| |
| |
| |
| Parent/Guardian Notified (How & By Whom) |
| |
| |
| Staff Signature |
| |
| |
| Parent/Guardian Signature |
| |
| |

Date Signed