

ACCIDENT-INCIDENT REPORT/NESD HEAD START

Directions: **Respond to emergency at hand; Call 911 or Ambulance if needed.**
Check the injured child.
Notify your supervisor of the incident immediately.
Fill out **this form within 24 hours** and send a copy to the Health Coordinator.
Complete the **Accident Report Follow-Up Form** and send copy to the Health Coordinator within 24 hours.
Keep originals in child's file.
If child receives medical treatment, see the Child Accident Procedure & complete the Child Accident- Medical Claim Form.

NAME _____ CENTER/HOME BASE _____

DATE OF ACCIDENT/INCIDENT _____

BRIEF DESCRIPTION OF WHAT HAPPENED:

WITNESSES _____

IMMEDIATE TREATMENT GIVEN OR ACTION TAKEN (if none, please indicate): _____

Was parent notified? _____ Time _____ Date _____ By whom? _____

Was Physician notified? _____ Name of Physician: _____

Describe Injury (ie: cut, bruise, etc) _____

Were other individuals involved? Who? _____

_____ **Please check after you notify your Supervisor. Time/date notified:** _____

_____ **Please check after you notify the Health Coordinator.**

PERSON MAKING OUT REPORT _____

(Signature)