

# 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/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)