



Caledon East Children's Place- Accident/Injury Report

Accident Information (Print in blue or black ink only)

Child's Full Legal Name: _____

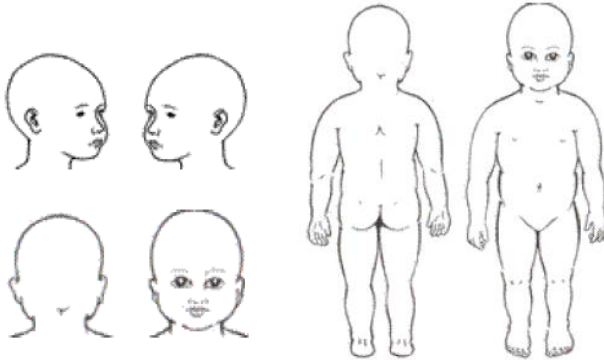
Date of Accident (dd/mm/yyyy) _____

Time of Accident (hh:mm AM/PM): _____

Location where the accident occurred (e.g., preschool room, playground etc.):

Name(s) of individual(s) who observed the accident:

Please **circle the area(s)** of the child's body where the injury occurred:



Nature of the Injury:

Bruise Cut Scrape Bump

Other: _____

Description of what Caused the Accident/Injury:



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Child's Reaction to the Accident/Injury:

- Crying Child has a positive attitude No reaction from child
 Other: _____

First Aid Administered and by Whom:

How and when the parent was notified:

- Phone Time notified: _____ By Whom: _____
 Voicemail was left Time notified: _____ By Whom: _____
 Email/Remind Time notified: _____ By Whom: _____
 In-person at pick-up Time notified: _____ By Whom: _____

Administrative Information

- A copy (via email or photocopy) of this report has been provided to a parent of the child by _____ (name).

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family and includes legal guardians.

Parent Name: _____

Parent Signature: _____ **Date:** _____

- I DO NOT require a copy of this accident report. _____ (initial)

Supervisor/Designate Signature: _____ **Date:** _____

Note to Parents: Please consider providing us with a status update the next day that your child participates in the child care program, so that any additional health or safety needs can be met.

Name and position of the individual completing this form: same as above (supervisor/designate), or _____

Signature (if other individual completing this form):
