MID-DELTA HEAD START
ACCIDENT/INCIDENT REPORT

Check one:
Accident □
Incident □

To be filled out as soon as possible on day of accident/incident by the person witnessing the occurrence.

Child's Name ___________________________ Parent's Name ______________________________

Person in Charge ________________________________________________________________

Time of Accident/Incident _________________________ Date _____________________________

Describe Accident/Incident (What happened) _____________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Place of Accident/Incident __________________________________________________________
_________________________________________________________________________________

Cause of Accident __________________________________________________________________
_________________________________________________________________________________

Describe the Injury/Occurrence ______________________________________________________
_________________________________________________________________________________

Names of Witnesses ________________________________________________________________
_________________________________________________________________________________

Who was notified (Parent/Relative) When, Date, Hour ______________________________________
_________________________________________________________________________________

Was child taken to Doctor? (Name, address, place, time) __________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Describe treatment administered by staff ______________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Staff comments _________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

This form is available upon request from the Child Care Licensing Specialist.
CFS-524 (R.11/86)-105240

MDCS (3/03)