



## Incident Report Form

Child's Name:	
Date of Accident:	
Time of Accident:	
Nature of Injury:	
Location of Incident:	
What the child was doing:	
First aid provided?	
Name of person that provided first aid	
Additional Information:	
911 called?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Parent contacted:	
Who contacted parent:	
Time parent was contacted:	
Other Contacts or Actions:	

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OAI Staff Member Signature and date

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Parent Signature and date