Instructions

Complete this report under any of the following situations:

- A. A child becomes ill or receives an injury that requires First Aid or medical treatment while in your care;
- B. A child receives a bump or blow to the head or other visible injury regardless of treatment;
- C. A child is transported by ambulance from your facility;
- D. An unusual or unexpected incident occurs that jeopardizes the safety of a child, such as a child left unattended, there is a vehicle accident (with or without injuries), or a child is exposed to a threatening person or situation;
- E. There is an allegation or reasonable suspicion of abuse of a child.

 Important: Consult your state's mandatory reporting requirements for further information on abuse reporting; OR
- F. As otherwise required by any state licensing or other authority, such as childcare or daycare licensing.

Date of Incident:	Time of Incident:	
Name and Approximate Age of Child Involved (One Report per Child):		
11	(
Contact Information for Child Involved:		
Parent/Guardian:		
Address:		
	Email:	
Nature of Injury/Incident:		
• •		
Location of Incident:		
Description of Incident:		



Was the above information:		
Departed to you by company	aloo? If an aubor	
	e else? If so, who:	
OR	h0	
☐ Directly observed/witnessed	by you?	
Action(s) Taken: (Check all that apply.)		
Dravided First Aid	VAID at AAAID are	
Provided First Aid	What/When	
☐ Call placed to 911	Dy Whom	
	By Whom	
☐ Taken to hospital	By Whom	
Taken to nospital	by Whom	
☐ Notified Parent/Guardian	Who/When:	
	Willow Wileli.	
☐ Notified Church Official	Who/When:	
☐ Notified Authorities	Who/When:	
_		
Other		
Witnesses to Incident:		
Name:		
Address:		
Telephone:		
Email:		
Name:		
Address:		
Telephone:		
Email:		

Printed Name of Person Completing This R	eport:	
Position at the Organization:		
Address:		
Telephone:	Email:	
Signature:		Date:
Signature of Church Official:		Date:
WITNESS REPORT		
Name:		
Address:		
Telephone Numbers:		
Home:	Work:	
Cell:	Email:	
Date/Time of Incident:		

Fully Describe What You C	Observed:
, , , , , , , , , , , , , , , , , , , ,	
Anyone else you know who	o may have witnessed the incident?
Allyone else you know with	o may have withessed the incident:
Namo:	
Name.	
Address	
Address.	
Talanhana	Empile.
relephone:	Email:
Printed Name of Witness:	
Signature:	
Date Signed:	

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