



School of  
Pacific Arts,  
Communication  
and Education

### ACCIDENT / INCIDENT REPORT

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date & Time of Accident/Incident: \_\_\_\_\_

Place of Accident/Incident: \_\_\_\_\_

Describe Accident/Incident: \_\_\_\_\_

\_\_\_\_\_

Describe Nature of Injury: \_\_\_\_\_

\_\_\_\_\_

Witness(es) to Accident/Incident: \_\_\_\_\_

What Action Was Taken? \_\_\_\_\_

\_\_\_\_\_

Was Parent/Guardian Contacted? Time? How? \_\_\_\_\_

\_\_\_\_\_

Other Persons Contacted: \_\_\_\_\_

Describe Medical Treatment/First Aid: \_\_\_\_\_

\_\_\_\_\_

Signature of Staff Completing Form: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Signature of Director/Person in Charge: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date/Time: \_\_\_\_\_

