Incident and Illness Report

<table>
<tr><td colspan="2">Class/Center:</td><td colspan="2">☐ Incident
☐ Illness</td></tr>
<tr><td colspan="2">Name of Injured/Ill Child:</td><td>Age of Child:</td><td>☐ Male
☐ Female</td></tr>
<tr><td>Date of Incident/Illness:</td><td>Time of Incident/Illness:</td><td>☐ Called Poison Control
☐ Called 911
☐ Contacted Parent</td><td>Taken to Clinic/Hospital:
☐ By Parent
☐ By Ambulance
☐ Not Taken</td></tr>
<tr><td colspan="2">Type of Injury/Incident</td><td colspan="2">Body Parts Affected</td></tr>
<tr><td>☐ Scratch
☐ Open Wound /Cut
☐ Sprain/Strain/Twist
☐ Pain/Inflammation/Bump
☐ Respiratory Condition
☐ Allergy/Sensitivity Reaction
☐ Broken Bone /Fracture</td><td>☐ Loss of Consciousness
☐ Dislocation
☐ Burn
☐ Poisoning
☐ Seizure
☐ Other:</td><td>☐ Head/Face
☐ Ears
☐ Eyes
☐ Nose
☐ Mouth/Teeth
☐ Toes
☐ Legs/Knees
☐ None
☐ Other:
☐ Arms/Elbows</td><td>☐ Hands/Wrist
☐ Fingers
☐ Abdomen
☐ Hip/Pelvis
☐ Chest/Shoulders
☐ Feet/Ankles
☐ Groin
☐ Buttocks
☐ Torso/Side
☐ Neck
☐ Back</td></tr>
<tr><td colspan="2">Where Injury/Incident Occurred</td><td colspan="2">Cause of Injury/ Incident</td></tr>
<tr><td>☐ Art Center
☐ Bathroom
☐ Discovery/Science Center
☐ Dramatic Play
☐ Library Center
☐ Listening Center</td><td>☐ Sensory Center
☐ Toys/Games Center
☐ Writing Center
☐ Playground
☐ Other:</td><td>☐ Slip or Trip
☐ Struck by Object
☐ Overexertion
☐ Fall
☐ Bite/Scratch/Kick
☐ None/Unknown
☐ Other:</td><td>☐ Fire
☐ Electricity
☐ Chemicals
☐ Structures/ Surfaces</td></tr>
<tr><td>Side of Body Affected:
☐ Left
☐ Right</td><td colspan="3">First Aid Given:</td></tr>
<tr><td colspan="4">List names of staff present and/or witnesses:</td></tr>
<tr><td colspan="4">Please give a brief summary of incident/illness:</td></tr>
<tr><td colspan="4">Parent/Guardian Contacted: ____
☐ In Person Date:
☐ Phone
☐ E-mail Time:</td></tr>
<tr><td colspan="2">Parent/Guardian Signature: Date:</td><td colspan="2">Staff Signature: Date:</td></tr>
</table>

July 2018
2 Part NCR
Original-Family Yellow- In File