MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

# REPORT OF ACCIDENT, INJURY, AND/OR EMERGENCY MEDICAL CARE

SAVE
PRINT
RESET

| FACILITY | DATE | TIME |
|---|---|---|
| CHILD'S NAME | | |
| STAFF MEMBER RESPONSIBLE FOR CHILD AT TIME OF INCIDENT | PERSON IN CHARGE OF FACILITY AT TIME OF INCIDENT | |
| OTHER STAFF MEMBERS WHO OBSERVED INCIDENT | | |

## DESCRIPTION OF INCIDENT (WHO, WHAT, WHERE, WHEN, HOW, MARKS, BRUISES, ETC.)

## DESCRIPTION OF ACTION TAKEN

## NOTICE TO PARENT

| METHOD | TIME | STAFF MEMBER |
|---|---|---|

## WRITTEN REPORT DISCUSSED/GIVEN TO PARENT (CIRCLE ONE) YES NO

| | |
|---|---|
| STAFF SIGNATURE | DATE |
| SUPERVISOR SIGNATURE | DATE |
| PARENT SIGNATURE ACKNOWLEDGING RECEIPT OF WRITTEN REPORT | DATE |

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