



North Hastings Children's Services
20 Hastings Heritage Way, Box 1232
Bancroft, ON K0L 1C0

Ph#: 613.332.0179
Fax: 613.332.0308

ACCIDENT REPORT FORM

Name of Child: _____

Incident Date: _____

Time of Incident: _____

Location: _____

Staff Involved: _____

Nature of Incident: _____

Describe the incident:

First Aid provided:

Parent / Guardian notified Yes No Name/Relationship _____

Notified by _____ Date/Time notified _____

Staff Signature: _____

Parent/Guardian Signature: _____

Copies to be made: Parent, Child's File, Injury Log, Playground Injury Log (if applicable).