



RECORD OF ACCIDENTS AND INCIDENTS

DATE	TIME AM/PM	NAME OF CHILD/EMPLOYEE
DESCRIPTION OF EVENT: _____ _____ _____		
ACTION TAKEN: _____ _____ _____		
ACTION TAKEN BY WHOM: _____		
PARENT NOTIFIED:           Date: _____           Time: _____		
STAFF SIGNATURE: _____		
CUSTODIAL PARENT/LEGAL GUARDIAN SIGNATURE: _____		
C-0064 Sample (08/11)		



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