

# ACCIDENT REPORT



DATE \_\_\_\_\_

**Child's name** \_\_\_\_\_

What happened? \_\_\_\_\_  
\_\_\_\_\_



Where did it happen? \_\_\_\_\_

Who was present? \_\_\_\_\_



What did you do? \_\_\_\_\_

\*Injuries requiring the attention of licensed health care professionals must be reported to OCC within 7 days.

\_\_\_\_\_  
Staff sign

\_\_\_\_\_  
Parent sign

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