

Clubhouse Kids Incident Report

Please complete all areas. Write "N/A" if the item is not applicable.

Child Information & Incident Information

Child's Name: _____ Clubhouse Kids Location: _____

Date of Incident: _____ Time of Incident: _____ AM or PM School Year or Summer Camp

Type of Incident: ___ Accident/Injury ___ Illness ___ Observation

Details of Incident (If illness, note the time noticed, temperature, and symptoms. More information is always better.):

Activity the child was engaged in at the time of the incident:

Treatment/Care Provided

Actions Taken (ex.: washed with soap and water, applied ice, etc.):

Administered by: _____

Mark the appropriate box for any/all of the following conditions which apply, or write "none" if none apply: _____

Skin Broken: Presence of Blood: Ambulance Called:

Universal Precaution Kit Used: 3rd Party Medical Care Required:

Staff members present at the time of incident: _____

Were persons other than Clubhouse Kids staff present at the time of the incident? Yes or No If "Yes", who? _____

Notification & Signatures

Name of Parent/Guardian Notified: _____ Time: _____ AM or PM

How Contacted: _____ by Staff Member: _____

I acknowledge that I have received a copy of this report:

Parent/Guardian **PRINT**: _____

Parent/Guardian **Signature**: _____ Date: _____

Clubhouse Kids Staff Member Signature: _____ Date: _____

Clubhouse Kids Center Director Signature: _____ Date: _____

White copy to the Clubhouse Kids Office. Yellow copy to the parent/guardian of the child.