

**APPENDIX F: INCIDENT/ACCIDENT REPORT FORM**

COOP \_\_\_\_\_ Age Group \_\_\_\_\_ Date \_\_\_\_\_

*(Check one)*

\_\_\_ **ACCIDENT** - any occurrence requiring first aid or medical attention.

\_\_\_ **INCIDENT** - any occurrence not requiring first aid or other medical attention but could at some time later.

Keep first copy on file in cooperative. **Mail second copy of every accident form** to your sponsoring organization: Parent Education Program Coordinator, North Seattle Community College, 9600 College Way North, Seattle, WA 98103.

Injured Child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence \_\_\_\_\_

Exact location of occurrence \_\_\_\_\_

Observer's description of occurrence in detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher's description of occurrence; type/extent of Injuries, Damage to Property, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated cost of Repair of Property Damage \_\_\_\_\_

Describe First Aid given \_\_\_\_\_

Injured to physician (name) \_\_\_\_\_ Hospital (name) \_\_\_\_\_

What caused the occurrence? \_\_\_\_\_

What could have been done to prevent this or similar occurrences? \_\_\_\_\_

\_\_\_\_\_

What authorities, if any, were contacted? \_\_\_\_\_

**Person completing form** Name/title \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_

**Witness** Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_

**Teacher** Name \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_