



TINY PARTY PEOPLE
NANNY
On-Location Childcare

Incident/Accident Report Form

Child Information

Child's Full Name: _____
Date of Birth: _____
Date of Incident: _____
Time of Incident: _____
Event/Location: _____

Description of Incident

(Describe exactly what happened — what the child was doing, where, and how the incident occurred.)

Type of Incident

☐ Accident (e.g., fall, bump, minor injury)
☐ Illness (e.g., fever, vomiting, allergic reaction)
☐ Behavioral Incident
☐ Other: _____

Injury Details (if applicable)

Area of Injury: _____
Visible Signs: ☐ Bruise ☐ Cut ☐ Redness ☐ Swelling ☐ Other: _____
Severity: ☐ Minor ☐ Moderate ☐ Severe
First Aid Given: ☐ Yes ☐ No
If yes, describe treatment:

Actions Taken

(What was done immediately after the incident?)

☐ First aid administered
☐ Parent/guardian notified
☐ Emergency services called
☐ Child returned to normal activity
☐ Other action: _____

Details:

Witness(es) (if any)

Name(s): _____

Contact Info (optional): _____

Staff Member Reporting

Name: _____

Role: _____

Signature: _____ **Date:** _____

Parent/Guardian Notification

Notified By (Name): _____

Date/Time of Notification: _____

Method: ☐ In Person ☐ Phone Call ☐ Text/Email

Parent/Guardian Comments (optional):

Parent/Guardian Acknowledgment

I have been informed about the above incident and understand the details provided.

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Follow-Up (if needed)

(Record any later updates — e.g., parent report of doctor visit, child's condition after event.)