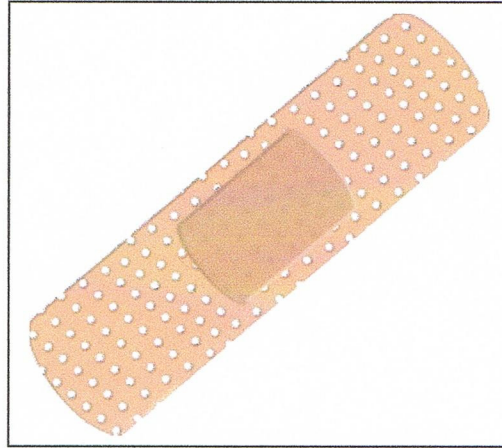


ACCIDENT/INJURY REPORT

Child's Name _____

Date _____

Time of Accident/Injury _____
(am/pm)



Description of what happened _____

Treatment provided _____

I have been informed by my child care provider of the accident/injury involving my child on the above date.

(Parent Signature)

(Date)