



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

REPORT OF ACCIDENT, INJURY AND/OR EMERGENCY MEDICAL CARE

FACILITY	DATE	TIME
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CHILD'S NAME

STAFF MEMBER RESPONSIBLE FOR CHILD AT TIME OF INCIDENT	PERSON IN CHARGE OF FACILITY AT TIME OF INCIDENT
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OTHER STAFF MEMBERS WHO OBSERVED INCIDENT

DESCRIPTION OF INCIDENT (WHO, WHAT, WHERE, WHEN, HOW, MARKS, BRUISES, ETC.)

DESCRIPTION OF ACTION TAKEN

NOTICE TO PARENT

METHOD	TIME	STAFF MEMBER
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WRITTEN REPORT DISCUSSED/GIVEN TO PARENT (CIRCLE ONE) YES NO

STAFF SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
PARENT SIGNATURE ACKNOWLEDGING RECEIPT OF WRITTEN REPORT	DATE