

**BBNA Head Start**

PO Box 310 Dillingham, AK 99576  
907-842-4059

**ACCIDENT REPORT**

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_  AM  PM

Date of Accident: \_\_\_\_\_ Approximate Time of Accident: \_\_\_\_am \_\_\_\_pm

Were pictures taken?  Yes (please attach pictures)  No

1. Describe the type of injury child received: \_\_\_\_\_

Were open wounds observed resulting from the accident?  Yes  No

If yes, please describe: \_\_\_\_\_

2. Was treatment provided at Head Start?  Yes  No

If yes, what was done? \_\_\_\_\_

3. If known, how did the accident happen? \_\_\_\_\_

4. What time was the child's parent/guardian notified of the accident? \_\_\_\_am \_\_\_\_pm

First notification attempt occurred at: \_\_\_\_am \_\_\_\_pm

5. Was further treatment/exam of child recommended to parent/guardian?  Yes  No

6. Was child taken to the clinic/hospital for (further) treatment?  Yes  No

If yes, what date was further treatment received? \_\_\_\_\_

7. Name of first adult to respond to the child: \_\_\_\_\_

Reporting Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Written name of Reporting Staff: \_\_\_\_\_

**Additional comments/follow-up information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Center Coordinator/Delegated Staff

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Written Name of Signer: \_\_\_\_\_ Title: \_\_\_\_\_