



RECORD OF ACCIDENTS AND INCIDENTS

DATE	TIME AM/PM	NAME OF CHILD/EMPLOYEE
<b>DESCRIPTION OF EVENT:</b> _____ _____ _____ _____		
<b>ACTION TAKEN:</b> _____ _____ _____		
<b>ACTION TAKEN BY WHOM:</b> _____		
<b>PARENT NOTIFIED:</b> <b>Date:</b> _____ <b>Time:</b> _____		
<b>STAFF SIGNATURE:</b> _____		
<b>CUSTODIAL PARENT/LEGAL GUARDIAN SIGNATURE/DATE:</b> _____		
<b>PICK-UP PERSON'S SIGNATURE IF OTHER THAN PARENT/GUARDIAN/DATE</b> _____ _____		
C-0064 Sample (10/18)		



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