

UFCC FORM

ACCIDENT / INCIDENT REPORT

Umbrella Family and Child Centres of Hamilton

Please complete all relevant fields on this form.

Child's Full Name:					Date of Occurrence (Y/M/D):					
Centre:					Time of Occurrence:					
TYPE OF OCCURREN	CE:									
□ ACCIDENT					□ INCIDENT					
Head Injury *		Cut/Scra	Cut/Scrape		Caus	Caused Injury to Child/Staff		Disrupted Environment		
Tripped/Fell		Other:	_ Other:		Verb	erbal Altercation		Other:		
* Head Injuries must be	reported to th	e school <u>and</u>	the parent/gud	ardian	L					
DESCRIBE WHAT HAF	PPENED AND	WHERE:								
ACTIONS TAKEN / TREATMENTS/STRATEGIES USED:										
☐ Recorded in Daily	Journal									
☐ First Aid		☐ Child Co	Child Comforted			$\ \square$ Child separated from group		☐ Other		
Please describe:		Please describe:			Please describe:			Please describe:		
WHO WAS NOTIFIED?	?									
☐ Parent/Guardian	☐ Emerger	☐ Emergency Contact ☐ School ☐ Chi			ren's Aid Other:					
☐ A copy of this report was given to:						by:				
Parent/Guardian Name							S	Staff Member Name		
Signature of Staff/Witness:							Date:			
Signature of Supervisor/Designate:							Date:			
Signature of Parent/Guardian:							Date:			
Copy Distibution: Centre and Parent/Guardian							Last	Revision Approved:	December 7, 2021	
								ate of Next Review:	December, 2022	