



Notification of Injury, Illness or Critical Incident

This form is to be used to report injury or illness of children or youth in child care or school age programs.

Name of Facility (exactly as it appears on the license):		License #:	Date Completed (MM/DD/YYYY):
Street Address of Facility:	City:	County:	

SECTION I: TYPE OF NOTIFICATION: =====

Indicate type of report: ___ Illness ___ Injury ___ Critical Incident such as missing child, fire, etc.

SECTION II: WHO WAS INVOLVED: =====

First and Last Name of Child or Youth:	Date of Birth (MM/DD/YYYY):
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SECTION III: DESCRIPTION OF INJURY, ILLNESS OR CRITICAL INCIDENT:

Date of Incident (MM/DD/YYYY)	Time of Incident (HH:MM)

Description of Injury, Illness or Critical Incident including what happened, location of children or youth at the time, etc.			
Action taken by the facility. What did you do?			
Remarks about the child's initial appearance and condition if illness or injury			
Was Medical attention required? (Yes or No). If Yes, describe and note if on site or transported to clinic/hospital.	<input type="checkbox"/> Yes <input type="checkbox"/> On Site <input type="checkbox"/> No <input type="checkbox"/> Clinic/Hospital	Description:	

