



Child Incident Report Log

1.	Student Name	Location	Date of Injury ____/____/____	Time of Injury ____:____
	Person Reporting	Time Reported to Parent ____:____	Staff Present	Nature of incident
	Actions taken to prevent recurrence _____ _____ _____			

2.	Student Name	Location	Date of Injury ____/____/____	Time of Injury ____:____
	Person Reporting	Time Reported to Parent ____:____	Staff Present	Nature of incident
	Actions taken to prevent recurrence _____ _____ _____			

3.	Student Name	Location	Date of Injury ____/____/____	Time of Injury ____:____
	Person Reporting	Time Reported to Parent ____:____	Staff Present	Nature of incident
	Actions taken to prevent recurrence _____ _____ _____			

4.	Student Name	Location	Date of Injury ____/____/____	Time of Injury ____:____
	Person Reporting	Time Reported to Parent ____:____	Staff Present	Nature of incident
	Actions taken to prevent recurrence _____ _____ _____			

5.	Student Name	Location	Date of Injury ____/____/____	Time of Injury ____:____
	Person Reporting	Time Reported to Parent ____:____	Staff Present	Nature of incident
	Actions taken to prevent recurrence _____ _____ _____			