**Sample CNC Accident Report Form**

**Name of CNC Site:**

**Type of Care:**  **Long Term**  **Short Term**  **Combined Care**

**Child’s Name:**

**Parent’s Name:**

**Date of Accident:**

**Describe the Injury:**

**Describe How the Accident Occurred:**

**Was First Aid given?**  **Yes**  **No**

**Additional Comments:**

**Witness’s Name:**

**Signature:**

**CNC Staff completing this report:**

**Date report completed:**

**I have been informed of this accident** (Please circle one): **Yes No**

**Parent’s Name:**

**Parent’s Signature:**

**Date:**