**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:**