



# 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: ..... Time 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 form: .....

Signature of CNC Staff: ..... Date: .....

I have been informed of this accident       Yes       No

Parent's Name: .....

Parent's Signature: ..... Date: .....

