



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:

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Describe How the Accident Occurred:

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Was First Aid given? ☐ Yes ☐ No

Additional comments:

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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: