

INCIDENT REPORT

INCIDENT DATE: ____/____/____

POLICY NO: 166-6500

CUSTOMER NUMBER: 166-____

BC/CPE/DAYCARE/REGROUPEMENT:

NAME OF HOME CHILD CARE PROVIDER: _____

ADDRESS: _____ TEL: () _____

CITY: _____ POSTAL CODE: _____

DIRECTOR/COORDINATOR: _____

INJURED: _____ DATE OF BIRTH: ____/____/____

PARENT: _____

ADDRESS: _____ TEL: () _____

CITY: _____ CODE POSTAL: _____

REPORTED TO: _____ DATE: ____/____/____ TIME: _____

SCENE OF THE INCIDENT: _____

CENTER ROOM: _____ PLAYGROUND: _____ OTHER: _____

BRIEFLY DESCRIBE THE INCIDENT :

DESCRIBE AND INDICATE THE INJURY (IES):

NAME OF THE PROVIDER IN CHARGE AT THE TIME OF THE INCIDENT:

IMMEDIATE MEASURES (FIRST AID):

TRANSPORTATION TO HEALTH SERVICES: _____

HOSPITALISED: YES NO

NAME OF HOSPITAL: _____ ROOM NO: _____

ADDRESS: _____

EXAMINED AT EMERGENCY: _____

WITNESS 1. NAME: _____ TEL: () _____

WITNESS 2. NAME: _____ TEL: () _____

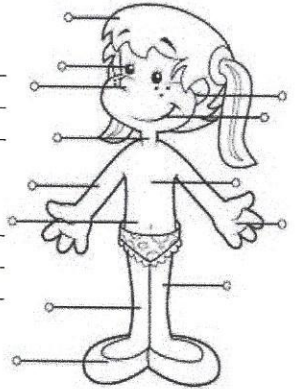
I (PARENT/GUARDIAN) ACKNOWLEDGE HAVING BEEN INFORMED OF THE INCIDENT AS DESCRIBE IN THIS DOCUMENT.

SIGNATURE _____ DATE : ____/____/____

PARENT/GUARDIAN

SIGNATURE _____ DATE : ____/____/____

DIRECTOR/COORDINATOR/PROVIDER



PLEASE SEND THE FILLED REPORT BY EMAIL TO INFO@ABERNIER.CA OR BY FAX AT 418.626.5676