



CHILD ACCIDENT AND INJURY REPORT FORM

The original form **MUST** be sent to the contractor within 48 hours of the incident occurring and a copy must be taken by the contractor.

Full name of child: _____

Age: _____

Date of accident/injury: _____

Time of accident/injury: _____

Circumstances of accident/injury:

Location where accident/injury occurred:

Nature of any injury sustained:

Witness 1 - Name: _____

Contact number: _____

Witness 2 – Name: _____

Contact number: _____

Action taken, including administration of first aid:

Time informed parent/guardian's:

Time of parent/guardian's arrival

Name of the person/s collecting the child:

Name of person making the report:

Signature of person making the report:

Date: _____

I/we acknowledge that I/we have been notified of the accident/injury:

Name of parent/guardian:

Signature of parent/guardian:

Date: _____

I acknowledge that I have been notified of the accident/injury:

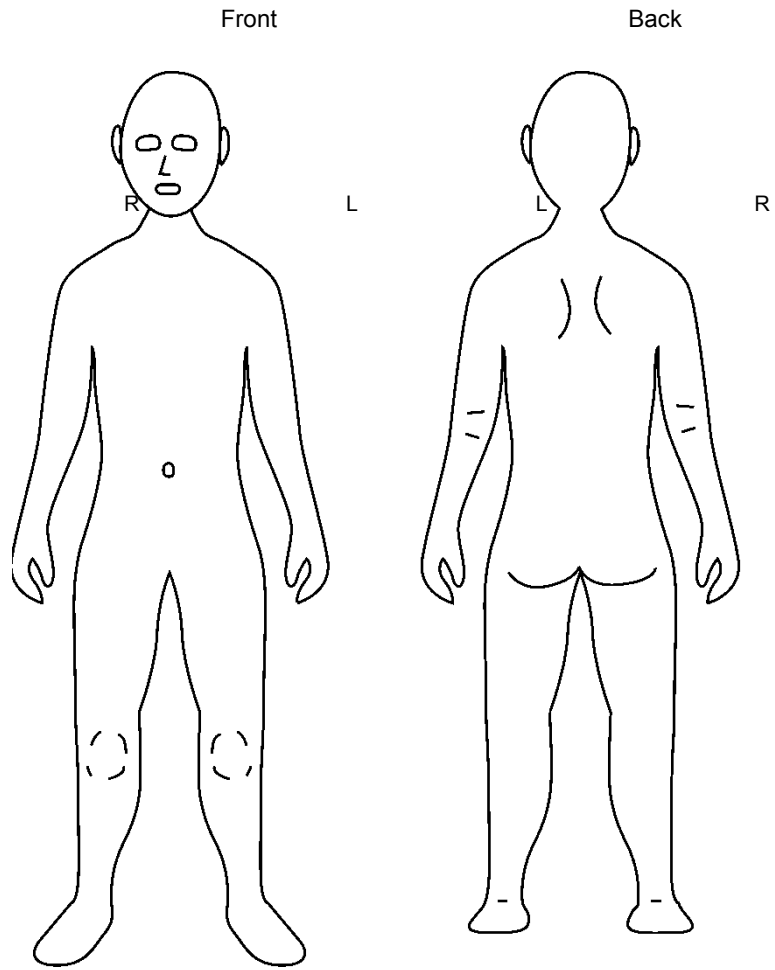
Name of Fab Nannies Management:

Signature of Fab Nannies Management :

Date: _____

Note: FaB Nannies will retain a child's accident or injury report forms for 21 years or until the child/person turns 24 years of age.

Please indicate as accurately as possible body area affected. (If applicable)



Further Details