Community Colleges of Spokane

Spokane County Head Start/ECEAP/EHS
MINOR INCIDENT/ACCIDENT/ILLNESS REPORT

Child's name _____ Site/Room no. _____ Age _____

Date _____ Time _____ ❒ AM ❒ PM Witnessed by _____

Describe circumstances: ❒ Skin broken Report completed by _____

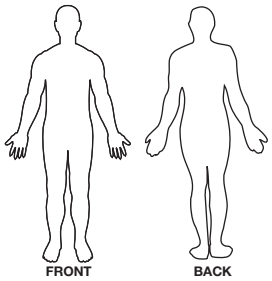
_____

_____

_____

_____

_____ ❒ Inside building ❒ Outside building



First aid given and/or action taken: ❒ Washed with soap and water ❒ Universal precautions followed

❒ Ice pack applied _____ minutes _____

_____

_____

_____

_____

Parent notified: ❒ By telephone time _____ ❒ Pink copy home with child ❒ In person time _____ ❒ AM ❒ PM

❒ **Your child had a bump on the head today. Read the precautions on back of pink copy.**

Lead teacher reviewed: Date/initials _____ ❒ Incident reported to licensing

Signature of parent _____ Supervisor notification _____

White—Child's file Yellow—Site Manager Pink—Parent

CCS 98-123 (Rev. 2/11) (HS/HN) Marketing and Public Relations

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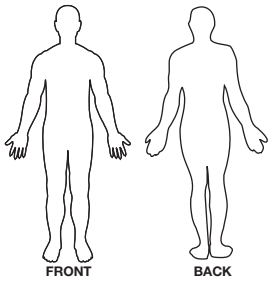

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BUMP ON HEAD

❒ Your child bumped his/her head today.

For 24 hours following head injury check your child every hour.

Call your doctor if:

1. You notice any decrease in consciousness (falls asleep and cannot be aroused easily)
2. Abnormal drowsiness
3. Abnormal speech or behavior
4. Convulsions
5. Oozing watery fluid or blood from nose or ears
6. Persistent headache
7. Vomiting
8. Inability to move any part of body, clumsiness

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