INCIDENT REPORT

SEND THIS FORM TO : info@abernier.ca

INCIDENT DATE : _____/_____/_____ CUSTOMER NUMBER : ___-_____ CUSTOMER CODE: _____

BC / CPE / DAYCARE / REGROUPEMENT : _____

FULL ADRESS : _____

PHONE NUMBER : _____

DIRECTOR / COORDINATOR/PROVIDER: _____

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

PARENT : _____

FULL ADRESS : _____

PHONE NUMBER : _____

PERSON CONTACTED : _____ DATE : _____/_____/_____ TIME : _____

SCENE OF THE INCIDENT : _____

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

DESCRIBE AND INDICATE THE INJURY (IES):

_____

_____

_____

_____

IMMÉDIATE MEASURES (FIRST AID) :

_____

_____

TRANSPORTATION TO HEALTH SERVICES : YES ☐ NO ☐

NAME OF HOSPITAL : _____

ADRESS : _____

EXAMINED AT EMERGENCY : YES ☐ NO ☐ HOSPITALISED : YES ☐ NO ☐ ROOM NO: _____

WITNESS 1. NAME _____ TEL : ( ) _____

WITNESS 2. NAME _____ TEL : ( ) _____

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

SIGNATURE _____ DATE : _____/_____/_____

PARENT / GUARDIAN

SIGNATURE _____ DATE : _____/_____/_____