

**SONCCA  
ACCIDENT REPORT: CHILD**

**Description**

Name of Injured Child \_\_\_\_\_ Site \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time: \_\_\_\_\_ AM  
PM

Detailed Description of Accident (Location of Incident, Origin & Cause, Contributing Factors):

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Detailed Description of Injury:

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**Accident Management**

First Aid Required: \_\_\_\_ Yes \_\_\_\_ No      First Aid Provided: \_\_\_\_ Yes \_\_\_\_ No

Detailed Description of First Aid Provided: \_\_\_\_\_

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Were Protective Gloves Worn? \_\_\_\_ Yes \_\_\_\_ No      Accident Witnessed by: \_\_\_\_\_

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Was employee exposed to blood or other potentially infectious material? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Print Name(s) of Employees: \_\_\_\_\_

Did Child Continue Activities? \_\_\_\_ Yes \_\_\_\_ No / Was the Child Transported? \_\_\_\_ Yes \_\_\_\_ No

If yes, where?: \_\_\_\_ Home \_\_\_\_ Hospital/Clinic \_\_\_\_ Physician's Office

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Parent/Guardian Notification**

When & Where: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM  
PM

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Report Submitted By: Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_