



+27 (0)82 494 3593



www.kidnme.co.za



info@kidnme.co.za

INCIDENT/ACCIDENT REPORT FORM

Child's Name : _____

Event Type : Incident/ Accident

Date : _____

Time: _____

Location : _____

Description :

Care Given :

Witness if any: _____

Were parents notified? _____

How were parents notified? _____

Other comments if any:



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Staff Signature

Parents Signature