

Benton County DAY CARE ACCIDENT/INCIDENT REPORT FORM

The Department of Human Services requires that Benton County Daycare Licensing be notified, within 24 hours, of an accident or incident requiring medical or dental care.

Send this form to your day care licensing worker immediately, and call the licenser. (9502.0375, Subp. 1D)

Provider's Name _____ Phone Number _____

Address _____ City _____ Zip _____

Date of Report: _____ Date of Accident/Incident: _____

Time of Accident/Incident: _____

Date daycare was notified, by parent, of medical or dental care needed: _____

Child's Name _____ Date of Birth of the Child _____

Parent's Name _____ Phone Number _____

Address _____ City _____ Zip _____

Place of Accident/Incident:

Nature of Injury Received:

Describe how Injury/Accident/Incident Occurred: _____

Action Taken: _____

Signature of Parent

Date

Signature of Daycare Provider

Date

Send form to: BCHS Atten: Day Care Licenser PO Box 740 Foley MN 56329 or fax 320-968-5330

(Please give 1 copy to the parent, and keep 1 copy for your file.)