

BOO BOO REPORT



Date: ____/____/____

Time: _____ am/pm

Child: _____

Provider: _____

Location of accident/incident: _____

How it occurred: _____

Action taken: _____

Was parent called YES/NO Time called: _____

The above accident/incident has been explained and discussed by both the provider and the parent/guardian. We agree and understand the accident/incident described above. This information has been reported accurately, to the best of our knowledge.

Signature of Parent: _____ Signature of Provider: _____

Signature of Management: _____

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