



6440 Coley Ave. Las Vegas, NV 89146
Call (702)-364-4700 Text (702)-334-1588
Email: INFO@NANNY4U.COM Web: NANNY4U.COM

ACCIDENT REPORT FORM

FAMILY/CHILDS NAME: _____

DATE: _____ TIME: _____ PLACE: _____

ANYONE ELSE INVOLVED: _____

NATURE OF INJURY:

CUT	SCRATCH	BURN
SCRAPE	SPLINTER	CONCUSSION
BRUISE	BUMP	FRACTURE
BITE	FOREIGN BODY	OTHER:

PART OF BODY INVOLVED:

ABDOMEN	EAR	FEET	MOUTH	OTHER
ANKLE	ELBOW	HAND	NOSE	
ARM	EYE	HEAD	SCALP	
CHEST	FINGER	LEG	WRIST	

DESCRIPTION OF ACCIDENT:

TREATMENT:

CALLED 911? YES _____ NO _____

STAFF MEMBER NAME PRINTED

STAFF MEMBER SIGNATURE

DATE

PARENTS NAME PRINTED

PARENTS NAME SIGNED

DATE