EFMP RESPITE CARE
ACCIDENT REPORT

Please use this form to record and communicate any minor scraps, bumps, or accidents for the parent(s). For any serious incidents or injuries, please use PR-4a and submit to your EFMP Respite Care POC.

Date: _____ Time: _____ AM/PM

Brief description of incident/injury: _____

_____

_____

Action taken:

- ☐ Notified parent
- ☐ TLC – comforted child
- ☐ _____
- ☐ Rest/observation
- ☐ Iced for ___ minutes
- ☐ _____
- ☐ Soap and water
- ☐ Band-Aid
- ☐ _____

_____ _____

Provider signature Parent signature

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Date: _____ Time: _____ AM/PM

Brief description of incident/injury: _____

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_____ _____

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