

EFM RESPITE CARE INCIDENT/ACCIDENT REPORT

For any serious incidents, please attach a detailed explanation of events.

Date:	Time:	AM/PM	
Brief description of incident/injurg	y:		
Action taken:	D 4/1	C 1 .	
Notified parent TLC – comforted child —————	Rest/observation Iced for minutes	Soap and water Band-Aid	_
Provider signature	 Parent signature		
*****	-	******	*****
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