



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/injury: \_\_\_\_\_

\_\_\_\_\_

Action taken:

Notified parent  
TLC – comforted child  
\_\_\_\_\_

Rest/observation  
Iced for \_\_\_ minutes  
\_\_\_\_\_

Soap and water  
Band-Aid  
\_\_\_\_\_

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Parent signature

\*\*\*\*\*

Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM/PM

Brief description of incident/injury: \_\_\_\_\_

\_\_\_\_\_

Action taken:

Notified parent  
TLC – comforted child  
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Rest/observation  
Iced for \_\_\_ minutes  
\_\_\_\_\_

Soap and water  
Band-Aid  
\_\_\_\_\_

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Parent signature

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Action taken:

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TLC – comforted child  
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Rest/observation  
Iced for \_\_\_ minutes  
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Soap and water  
Band-Aid  
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\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Parent signature