

Smart Start Extended Day
Program Accident Report

Site _____

Child's First Name _____ Child's Last Name _____

Date of Incident _____ Time _____

Briefly describe what happened

Action Steps Taken (please check all that apply)

- Applied for aid
- Called for an ambulance
- Notified parents
- Notified Extended Day Coordinator
- Called School Police
- Notified Deputy Superintendent's Office
- Notified school nurse

Parent's First Name _____ Parent's Last Name _____

Parent's Phone # _____

Describe your conversation with the child's parent/guardian

My First Name _____ My Last Name _____

My email address _____

Please email this completed form

yourself
Director of Community Schools
Deputy Superintendent