		Preschool Name	
sent to option to Inciden	the sponsoring institution where it voor file an insurance claim.	or medical attention. Copies of accide will be kept until the child is of legal age st aid or other medical attention but cout the cooperative preschool.	e. Family has the
_ACCIDENT (Send ORIG	GINAL to college office immediat	tely)INCIDENT (keep copy at pre	eschool for 3 years)
Injured Person	<del></del>	Age Circle: Boy Girl	
Parent/Guardian's Name	(If different from above)	Phone ()	
Address	City	State	_Zip
Date of occurrence	Time of occurrence	Date reported	<del></del>
Exact location of occurren	ice		
Describe First Aid given_	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Injured taken to physician	(name)H	Hospital (name)	
Injured/Observer's descrip	otion of accident in detail		
Teacher's description of o	ccurrence; type/extent of injuries, de	amage to property, etc.	
Estimated cost of repair of	f property damage		
What caused the occurrer	nce?		<del></del>
What can be done to prev	ent a similar occurrence?		
What authorities, if any, w	ere contacted?		
Witness Name	Address	Phone	Signature
<u>Witness</u> Name	Address	Phone	Signature
Risk Management Representative Name		Phone	Signature
<u> </u>		Coordinators—CoordinationParentEd@se	eattlecolleges.edu
_		ordinator of the supporting institution	
☐ Keep cop	y on file in your cooperative presch	ool	
☐ Give the o	copy to the parent/guardian		

Revised 2024 INCIDENT/ACCIDENT REPORT FORM FOR:

## DO NOT SEND INCIDENT REPORTS TO COLLEGE OFFICE