



HARVEST LEARNING CENTER

224 Harvest Lane | Natrona Heights, PA 15065 | 724.295.0611

INCIDENT REPORT

Injured Child's Name: _____

Date and Time of Incident: _____

Location of Incident (e.g. playground, classroom):

Where was the child injured (e.g. arm, head)?

Describe what happened:

What care was provided (e.g. cold compress, band aid)?

☐ Parent was notified by a phone call at _____ AM/PM.

☐ Parent was left a voicemail at _____ AM/PM.

Staff Signature/Date: _____

Parent Signature/Date: _____