

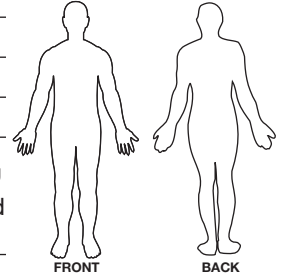


Spokane County Head Start/ECEAP/EHS MINOR INCIDENT/ACCIDENT/ILLNESS REPORT

Child's name _____ Site/Room no. _____ Age _____

Date _____ Time _____ AM PM Witnessed by _____

Describe circumstances: Skin broken Report completed by _____



_____ Inside building Outside building

First aid given and/or action taken: Washed with soap and water Universal precautions followed

Ice pack applied _____ minutes _____

Parent notified: By telephone time _____ Pink copy home with child In person time _____

Your child had a bump on the head today. Read the precautions on back of pink copy.

Lead teacher reviewed: Date/initials _____

Signature of parent _____ Supervisor notification _____

White—Child's file

Yellow—Site Manager

Pink—Parent

CCS 98-123 (Rev. 9/08) (HS/HN)

Marketing and Public Relations

BUMP ON HEAD

Your child bumped his/her head today.

For 24 hours following head injury check your child every hour.

Call your doctor if:

1. You notice any decrease in consciousness (falls asleep and cannot be aroused easily)
2. Abnormal drowsiness
3. Abnormal speech or behavior
4. Convulsions
5. Oozing watery fluid or blood from nose or ears
6. Persistent headache
7. Vomiting
8. Inability to move any part of body, clumsiness