

INCIDENT REPORT

For any incident, injury, accident, illness or fatality

Name of child _____ Date of incident _____

Time _____ Location _____

Name of foster parents _____

Address _____

Please describe the type and circumstances of the child's accident, injury or behavior (use back and additional sheets necessary):

Describe any action taken or treatment given to the child in the home: _____

Treatment or consequences given by: _____

Attending physician (if any): _____

Hospital, clinic, or other treatment facility (if any): _____

Address: _____

Phone: _____ Transportation provided by: _____

If homeowner's insurance was utilized, name and address: _____

Is child still in treatment facility? Yes No If yes, anticipated release date: _____

Signature of foster parent

Date

COLORADO FAMILY SERVICES, INC.

7220 West Jefferson Avenue, Suite #450 • Lakewood, Colorado 80235
Phone: 303.935.3199 • Fax: 303/935-3181 • E-mail: ColoFamilyServices@gmail.com

Revised: 8/18/2009

