

# MEDICAL INCIDENT REPORT

Child's Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Foster Parent: \_\_\_\_\_

This form needs to be filled out if you were not able to comply with the rules and regulations concerning medical requirements.

- Missed medication
- Couldn't get the child to the doctor for the admission medical visit within two weeks of placement
- Couldn't get the child to the dentist for the admission dental appointment within eight weeks of placement.
- Other \_\_\_\_\_

Describe the incident. \_\_\_\_\_

\_\_\_\_\_

Describe the reason that you could not comply with the rules and regulations. \_\_\_\_\_

\_\_\_\_\_

What action was taken? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Foster Parent's Signature

\_\_\_\_\_  
Date:

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CASE MANAGER'S FOLLOW-UP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Case Manager (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
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