Student: ___________________________  Date: ___________________________

Time: ___________________________

Staff member that first observed illness/injury/behaviour: ______________________________________

Describe incident: (what happened, location, who else involved, circumstances leading to incident, etc)

Action taken at time: (treatment given, first aid, by whom, etc)

Child removed from program:  

☐ Yes  ☐ No

If yes, time removed:  

Date/time returned to program:  

Parents contacted:  

☐ Yes  ☐ No  If yes, date/time:

Name of parent contacted:  

Staff member who contacted parents:  

Corrective action needed: (if applicable)

Date of signing ___________________________  Signature of staff member ___________________________

Date of signing ___________________________  Signature of parent/guardian (if applicable) ___________________________

The information collected on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purposes of collecting injury, illness, behaviour information for the Child Study Centre program. For further information on the collection, use or disposal of this information, please contact the Director, Child Study Centre, as per below.

Form revised: Sept. 26, 2012  
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