

Names of Witnesses or Individuals with Occurrence Knowledge:

Name:

Position:

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Corrective measures taken to prevent further incidents of this type:

Additional Information:

Parent(s) Comments: (to be completed by the parent/guardian)

Name of Parent/Guardian: _____ Daytime Phone number: _____

The Ministry of Education takes Injuries/Unusual Occurrences seriously and may contact you to discuss this incident further.

Copy of this report sent to Early Years Branch: _____ Date: _____

Report prepared by: _____ Date: _____
Signature

Parent/Guardian Signature Date: _____

Board Chairperson Signature Date: _____

Director/Supervisor/Provider Signature Date: _____