



## Feedback

Childs Name \_\_\_\_\_ Age \_\_\_\_\_ Sitters Name \_\_\_\_\_

Behavior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_



## Accident Report

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of the injury/ body parts: \_\_\_\_\_

People involved: \_\_\_\_\_

What happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Aid Given: \_\_\_\_\_

\_\_\_\_\_

Parent contacted? Y N Which Parent? \_\_\_\_\_ How? \_\_\_\_\_

Additional contacts or actions taken: \_\_\_\_\_

\_\_\_\_\_

Sitter Signature \_\_\_\_\_ Date \_\_\_\_\_