Arizona Department of Health Services
BUREAU OF CHILD CARE LICENSING

ACCIDENT, INJURY, EMERGENCY, ILLNESS, INFESTATION, AND ABSENCE LOG

Date	Time	Affected Child/Staff Name	Description/Location of Accident, Injury, Emergency, Illness, Infestation or Absence	Action Taken	Medical treatment required	Parent Notification		Initials
						Time	Method	
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PLEASE HIGHLIGHT IF ILLNESS HAS BEEN REPORTED TO THE COUNTY HEALTH DEPARTMENT

Accident = Unexpected occurrence that may or may not be an emergency that causes injury to a child and required attention by a staff member.
Emergency = Potentially life-threatening occurrence involving a child or staff member that requires an immediate response or medical treatment.
Illness = Physical manifestation or signs of any sickness such as pain, vomiting, rash, fever, discharge, or diarrhea.

RETAIN THIS FORM FOR 12 MONTHS FROM THE DATE OF THE CHILD'S DISENROLLMENT