

★ SEND THIS FORM TO : info@abernier.ca

INCIDENT DATE : ____/____/____ CUSTOMER NUMBER : ____-____ CUSTOMER CODE: ____

BC / CPE / DAYCARE / REGROUPEMENT : _____

FULL ADDRESS : _____

PHONE NUMBER : _____

DIRECTOR / COORDINATOR/PROVIDER: _____

INJURED : _____ DATE OF BIRTH : ____/____/____

PARENT : _____

FULL ADDRESS : _____

PHONE NUMBER : _____

PERSON CONTACTED : _____ DATE : ____/____/____ TIME : _____

SCENE OF THE INCIDENT : _____

NAME OF PROVIDER IN CHARGE AT THE TIME OF THE INCIDENT: _____

DESCRIBE AND INDICATE THE INJURY (IES):

IMMEDIATE MEASURES (FIRST AID) :

TRANSPORTATION TO HEALTH SERVICES : OUI ☐ NON ☐

NAME OF HOSPITAL : _____

ADDRESS : _____

EXAMINED AT EMERGENCY : OUI ☐ NON ☐ HOSPITALISED : OUI ☐ NON ☐

ROOM NO: _____

WITNESS 1. NAME _____

TEL : () _____

WITNESS 2. NAME _____

TEL : () _____

I (PARENT/GUARDIAN) ACKNOWLEDGE HAVING BEEN INFORMED OF THE INCIDENT AS DESCRIBE IN THIS DOCUMENT.

SIGNATURE _____

DATE : ____/____/____

PARENT/GUARDIAN

SIGNATURE _____

DATE : ____/____/____

DIRECTOR / COORDINATOR/PROVIDER

