

# 4.5.3 Minor Incident/Accident/Illness (MIAI) Report Form



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MIAI Date: \_\_\_\_\_ MIAI Time: \_\_\_\_\_

**Details of what happened:**

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**Treatment/Follow-Up (ice pack, bandaid, TLC):**

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**Where the MIAI occurred:** \_\_\_\_\_

**Supervising staff:** \_\_\_\_\_ **Witness to incident:** \_\_\_\_\_

**Parent/Guardian Contacted:** YES / NO **Time Contacted:** \_\_\_\_\_

**Further Action Required:** YES / NO **Details:** \_\_\_\_\_

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**Person filling out this record:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Responsible person:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_