



## Public Health Management Corporation Serious Incident Report

<b>Name of Facility</b>	<b>Telephone Number</b>
<b>Name of Child</b>	<b>Sex</b>
<b>Child Address</b>	<b>Birthdate</b>
<b>Name of Parent</b>	<b>Telephone Number</b>
<b>Parent Address</b>	
<b>Parent Notified by</b>	<b>Time Notified</b>

<b>Description of Incident</b>		
<b>Date</b>	<b>Time</b>	<b>Location</b>
<b>Equipment/Product Involved</b>	<b>Type of Injury</b>	<b>Part of Body Injured</b>
<b>Describe what happened prior to the incident.</b>		
<b>Describe the incident.</b>		

<b>Action Taken</b>		
<b>First-Aid given by facility</b>		
<b>Name of Local Authority Notified of Incident</b>	<b>Telephone Number</b>	
<b>Treatment Provided By</b>	<b>Telephone Number</b>	<b>Address</b>
<b>Nature of Treatment</b>		
<b>Required Follow-Up</b>		
<b>Signature of Person Completing the Form</b>	<b>Title</b>	<b>Date</b>
<b>Signature of Parent</b>		<b>Date</b>

Fax this completed form to your Program Specialist at PHMC within 24 hours: 215-825-8217. Give one copy to the caregiver and save one copy in the program files.