AMERIMED EARLY INTERVENTION PROGRAM

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**EARLY INTERVENTION REPORTABLE INCIDENT FORM**

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| **DATE OF REPORT:** | **TIME:** **AM/PM** |

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| **NAME OF INFANT OR TODDLER (LAST, FIRST, M.I)** | **NAME OF PERSON REPORTING:** | **RELATIONSHIP TO CHILD:** |
| **ADDRESS:** | **ADDRESS:** |
| **CITY** | **STATE** | **ZIP CODE** | **CITY** | **STATE** | **ZIP CODE** |
| **PHONE** | **PHONE:** |
| **INFANT OR TODDLERS EI NUMBER** | **DATE OF BIRTH****MM DD YYYY****\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SEX****□ MALE****□ FEMALE** | **DATE THE INCIDENT OCCURRED OR WAS RECOGNIZED/DISCOVERED****MM DD YYYY****\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CLASSIFICATION OF INCIDENT** | **TIME THE INCIDENT OCCURRED OR WAS RECOGNIZED/DISCOVERED****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □AM □PM** |
| **DESCRIBE THE TYPE OF INCIDENT AND THE ACTION(S) TAKEN TO ADDRESS THE INFANT/TODDLER’S HEALTH AND SAFETY AND THE RESPONSE TO THE INCIDENT, WHAT HAPPENED, IF A MEDICAL REFERRAL WAS NECESSARY (PLEASE LIST), DOCUMENT ALL OTHER REPORTS OR NOTIFICATIONS AND ANY CIRCUMSTANCES WHICH MAY HAVE PRECIPITATED THE INCIDENT: (INCLUDE ACTION TAKEN RELATED TO DISPOSITION OF EMPLOYEE) ATTACH ADDITIONAL SHEETS IF NECESSARY.** |
| **NAME OF PERSON RECEIVING REPORT** | **TITLE** | **PHONE** |