Injury Report

Child's Name: Date of Injury: Time of Injury:

Where did the injury occur?

- ☐ Kitchen ☐ Bathroom ☐ Porch
- ☐ Living room ☐ Hallway ☐ Backyard

Was there any equipment involved in the injury?

☐ Yes ☐ No If yes, what equipment?:

Any other adult witnesses?

☐ Yes ☐ No If yes, list name(s):

Description of injury:

Description of any first aid measures given:

Who performed the first aid?

Are there follow-up instructions?

☐ Yes ☐ No If yes, what are they?

Action taken:

- ☐ Child treated and remained at child care
- ☐ Child sent home
- ☐ Called 911
- ☐ Child taken to doctor by (name of adult):
  Doctor's name:
- ☐ Child sent to hospital
  Name of hospital:
  Transported by:

Persons notified:

- ☐ Parent Name: Notified by ❑ note ❑ phone ❑ in person
- ☐ Physician/clinic Name: Notified by ❑ note ❑ phone ❑ in person
- ☐ Hospital Name: Notified by ❑ note ❑ phone ❑ in person

Teacher's Signature:_____ Date_____

Parent Signature:_____ Date_____