

INJURY/INCIDENT REPORT

Child's Name _____ Date _____ Time _____

Description of Incident _____

Type of Injury _____
(Bite, Broken Bone, Bruise, Burn, Choking, Cut, Eye Injury, Head Injury, Poisoning, Scrape, Sprain, Sting, Other)

Place of Accident or Illness _____
(Child Care Room, Bathroom, Hall, Playground, Van, Car, Walk, Other)

Play Equipment or Other Items Involved _____

First Aid Administered _____ Other Treatment _____
(First Aid Only, Visit to Doctor or Clinic, Emergency Room, Hospitalized, Sutures, Cast, Bandage, Medication Given)

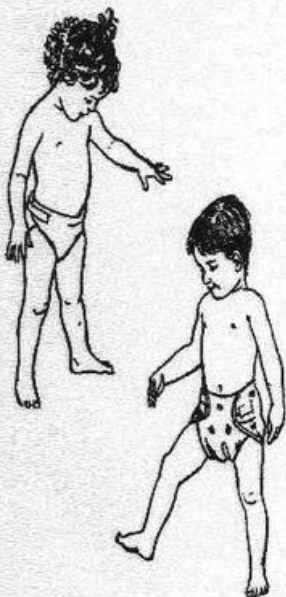
Was This Reported to Parents? Yes ___ No ___ Time ___

Was Physician Contacted? Yes ___ No ___ Time ___

Name of Physician _____

Witnesses: _____

Follow-Up/Comments: _____



Mark Area of Injury

I Have Been Informed of the Accident/Injury

(Parent or Guardian) (Date)

(Caregiver) (Date)

Primary Colors 2000 +