

Injury or Accident Report

Child's Name: _____ Child's Age: _____

Date of Injury: _____ Time of Injury: _____
(month - day - year) (a.m. - p.m.)

Witness to Injury _____ How Parents Notified: _____
(in person, telephone, message machine, email)

Name of Parent Notified: _____
Date Time

Other Person (s) Notified: _____
Date Time

Location Where Injury or Accident Occurred (i.e kitchen, play yard): _____

Description of Injury or Accident:

_____ Cut _____ Scrape _____ Bruise/Swelling _____ Burn _____ Bump on Head
_____ Loss of Consciousness _____ Other: _____

Specific Body Parts Involved: _____

Description of How Injury or Accident Occurred: _____

Treatment Received by Child:

_____ Pressure _____ Elevation _____ Cold Pack _____ Washing _____ Applied Antiseptic
_____ Band-aid _____ Bandage _____ Other: _____

Signature of Child Care Provider Date Time

Signature of Parent/Guardian Date Time