

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 were 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