

Injury Report Form

Fill in all blanks and boxes that apply:

Child's name: _____ Sex: M F DOB: ___/___/___

Center/Site: _____ Phone: _____ Incident date: ___/___/___

Address: _____

Time of incident: ___:___ am/pm Witnesses: _____

Name of Legal Guardian/Parent notified: _____ Notified by: _____ Time notified: ___:___ am/pm

EMS (911) of other medical professional: Not notified Notified Time notified: ___:___ am/pm

Location where incident occurred: Playground Classroom Bathroom Hall
 Dining Room Kitchen Doorway Gym Office Stairway
 Unknown Other (specify): _____

Equipment/product involved: Climber Slide Swing Playground Surface
 Sandbox Trike/Bike Hand-toy (specify): _____
 Other equipment (specify): _____

Cause of injury (describe): _____

Fall to surface; Estimate height of fall ___ feet; Type of surface: _____
 Fall from running or tripping Bitten by child Motor vehicle Hit or pushed by child
 Injured by object Eating or choking Insect sting/bite Animal bite Exposure to cold
 Other (specify): _____

Parts of body injured: Eye Ear Nose Mouth Tooth
 Part of face Part of head Neck Arm/Wrist/Hand Leg/Ankle/Foot Trunk
 Other (specify): _____

First aid given at the facility (comfort, pressure, elevation, cold pack, washing, bandage): _____

Treatment provided by: _____
 No doctor's or dentist's treatment required
 Treated as an outpatient (e.g. office or emergency room) Hospitalized (overnight) # of days: _____

Follow-up plan for care of the child: _____

Corrective action needed to prevent reoccurrence: _____

Name of Official/Agency notified: _____

Staff member signature: _____ Date: _____