

# Injury Report Form

Fill in all blanks and boxes that apply

Name of Program: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: M F Birthdate: \_\_/\_\_/\_\_ Incident Date: \_\_/\_\_/\_\_

Time of Incident: \_\_\_\_:\_\_\_\_ am/pm Witnesses: \_\_\_\_\_

Name of Legal Guardian/Parent Notified: \_\_\_\_\_ Notified by: \_\_\_\_\_ Time Notified: \_\_\_\_:\_\_\_\_ am/pm

EMS (911) or other medical professional  Not notified  Notified Time Notified: \_\_\_\_:\_\_\_\_ am/pm

Location where incident occurred:  playground  classroom  bathroom  hall  kitchen  doorway  
 large muscle room or gym  office  dining room  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; estimated 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  injury from exposure to cold  other (specify): \_\_\_\_\_

Parts of body injured:  eye  ear  nose  mouth  tooth  other part of face  other part of head  neck  
 arm/wrist/hand  leg/ankle/foot  trunk other (specify): \_\_\_\_\_

Type of injury:  cut  bruise or swelling  puncture  scrape  broken bone or dislocation  sprain  
 crushing injury  burn  loss of consciousness  unknown  other (specify): \_\_\_\_\_

First aide given at the facility: (e.g., 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: \_\_\_\_\_

Number of days of limited activity from this incident: \_\_\_\_\_ Follow-up plan for care of the child: \_\_\_\_\_

Corrective action needed to prevent reoccurrence: \_\_\_\_\_

Name of official/agency notified: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of staff member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian/Parent: \_\_\_\_\_ Date: \_\_\_\_\_