

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: _____

copies: 1) child's folder 2) parent 3) injury log