



INJURY REPORT

CHILD: _____ DATE: _____

TIME OF INJURY: _____ TIME REPORTED TO PARENT: _____

Were there any witnesses? Yes No If yes, who: _____

Was emergency care required? Yes No If yes, where: _____

Type of Injury:

Scrape	Abrasion	Cut	Bruise
Rug Burn	Sprain	Bite	Broken Bone
Bump	Splinter	Burn	Bloody Nose

Other: _____

Location of Injury:

Left Side
 Right Side

<u>BODY</u>	<u>ARM</u>	<u>LEG</u>	<u>FACE</u>
head	shoulder	knee	eye(s)
neck	elbow	shin	ear
chest	wrist	ankle	nose
back	hand	foot	lip
tummy	finger(s)	toe(s)	chin

Other: _____

Description of Incident: _____

Action Taken: _____

Where was the child when the injury occurred? _____

Who administered care? _____

Signature of Staff Completing Form

Signature of Parent