

CHILD CARE INJURY REPORT

TO BE COMPLETED FOR ANY INJURIES THAT REQUIRE TREATMENT, OTHER THAN MINOR SCRAPES OR BRUISES, AND RETAINED ON FILE AT THE PROGRAM FOR 3 YEARS FROM THE DATE OF INJURY.

NOTE: A STAFF PERSON WHO IS CERTIFIED IN FIRST AID MUST PROVIDE FIRST AID TREATMENT.

NAME OF CHILD CARE PROGRAM _____

NAME OF INJURED CHILD _____

DATE OF BIRTH _____

DATE OF INJURY: _____

TIME OF INJURY: _____

WHERE WAS CHILD WHEN HE/SHE WAS INJURED? _____

WHAT WAS CHILD DOING AT TIME HE/SHE WAS INJURED? _____

HOW DID INJURY HAPPEN? _____

TYPE OF INJURY & BODY PART INJURED: _____

WHAT FIRST AID TREATMENT WAS GIVEN & WHAT TIME AND DATE WAS THE FIRST AID PROVIDED? _____

NAME OF STAFF PERSON WHO ADMINISTERED FIRST AID: _____

IF INJURY REQUIRED ADDITIONAL MEDICAL TREATMENT, IDENTIFY THE INDIVIDUAL OR MEDICAL FACILITY THAT PROVIDED THAT TREATMENT: _____

NAME, TIME & METHOD OF PARENT NOTIFICATION: _____

I HAVE REVIEWED THE ABOVE INJURY REPORT AND CERTIFY IT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

WITNESS DATE: _____

STAFF PERSON RESPONSIBLE FOR SUPERVISION OF INJURED CHILD AT TIME OF INJURY: DATE: _____

CENTER DIRECTOR/FAMILY CHILD CARE PROVIDER: DATE: _____

I HAVE READ THE ABOVE INJURY REPORT AND HAVE EXAMINED MY CHILD'S INJURY:

COMMENTS: _____

PARENT'S SIGNATURE

DATE SIGNED