

INJURY REPORT

Child's Name: _____ Date: _____

It happened when I was: Inside Outside Time: _____

Details of the Injury: _____

Treatment Applied: Washed / Cleaned First Aid Band-Aid
 Ice Rest Hugs & Kisses Parents were called

Additional Comments: _____

Provider's Signature: _____

INJURY REPORT

Child's Name: _____ Date: _____

It happened when I was: Inside Outside Time: _____

Details of the Injury: _____

Treatment Applied: Washed / Cleaned First Aid Band-Aid
 Ice Rest Hugs & Kisses Parents were called

Additional Comments: _____

Provider's Signature: _____

INCIDENT REPORT FORM

Child Name:

Location:

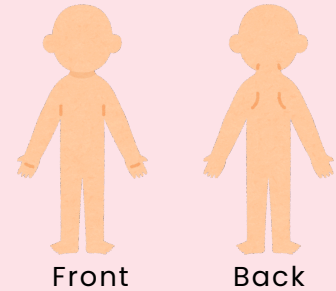
Date of Incident:

Time:

Type(s) of Injury

- Bites
- Bump/Bruises
- Burns
- Choking
- Others: _____
- Cuts/Scrapes
- Eye
- Head
- Nose
- Poisoning
- Splinters
- Sprains / Twits
- Tooth / Mouth

Mark the Injured Area



Cause(s) of Injury

- Another child
- Burn
- Caught/Trapped
- Climbing
- Fall
- Food
- Hit by object
- Pinched
- Others: _____
- Ingestion
- Running
- Sharp Object
- Splinter

Brief Description of Incident

Care / Treatment Given

- Bandage
- First Aid
- Ice
- Comforted
- Rest
- Rinsed
- Washed
- Medication*
- Parent notified
- Others: _____

*Medication given with parent authorization

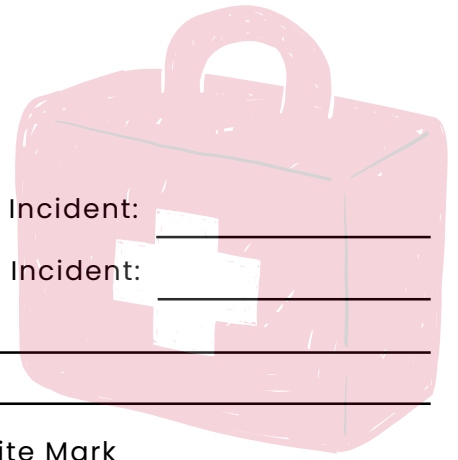
Brief Description of Treatment Given

Provider's Signature:

Date:



OUCH REPORT



Child's Name: _____

Date of Incident: _____

Location of Incident Inside Outside

Time of Incident: _____

What Happened

Type of Injury Scrape / Cut Sprain / Strain Bite Mark
 Bruise / Bump Head Injury Other _____

Part of Body Affected _____

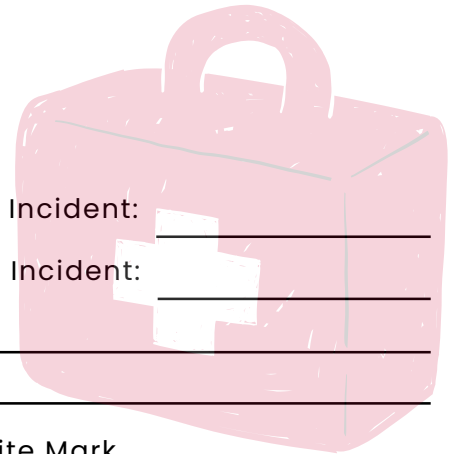
Actions Taken First Aid Band Aid Parent Notified
 Ice Pack Washed T.L.C
 Cleaned Rest Other _____

Additional Comments: _____

Provider's Signature: _____



OUCH REPORT



Child's Name: _____

Date of Incident: _____

Location of Incident Inside Outside

Time of Incident: _____

What Happened

Type of Injury Scrape / Cut Sprain / Strain Bite Mark
 Bruise / Bump Head Injury Other _____

Part of Body Affected _____

Actions Taken First Aid Band Aid Parent Notified
 Ice Pack Washed T.L.C
 Cleaned Rest Other _____

Additional Comments: _____

Provider's Signature: _____