

# ACCIDENT / INJURY REPORT

Child's Name				Date		Time	
Description of Events Leading to Accident / Injury							
Steps Taken to Evaluate Injury							
Parts of Body Evaluated		Parts of Body Injured		Visible Marks (i.e. bruises, cuts, bumps)			
<b>First-Aid Given (check all that apply, or add other strategies)</b>							
Washed with Soap & Water	Applied Ice	Applied Bandages	Rest & Observation	Extra TLC	Other (list)		
Time Director was Notified		Evaluation Steps taken by Director					
Time Injury was Reevaluated		Person Reevaluating Injury					
<b>Head Injuries: Teachers must make verifiable contact with a parent via phone call or through the Procure app.</b>							
Was Parent Contacted?	Yes	No	Type of Contact	Phone	Procure		
Name of Parent Contacted			Did the Parent Pick-Up the Child from Care?	Yes	No		
Time Contact was Made			Did Parent Come to See Injury?	Yes	No		
Instructions from Parent			Did the Adult indicate they would seek medical treatment for injury?	Yes	No		
If parent is seeking medical treatment, indicate where and time.			*If parent seeks medical treatment for their child, a State of Michigan Incident Form (BCAL-4607) must be completed and sent to Early Impressions Licensing Consultant and Site & Exec. Directors.*				
Person Addressing Incident			Other Adults Present				
<b>Signatures</b>							
Team Member Signature			Director Signature				
Parent Signature			Date				