

CHILD INCIDENT AND INJURY REPORT FORM

Full Name of the Child: _____

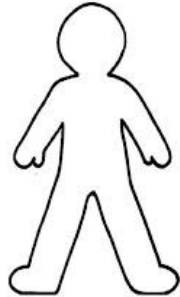
Date: _____ Time: _____

Location: _____

Nature of injury sustained: _____

Names of witnesses: _____

Body Map: If applicable indicate as accurately as possible body area affected.



Front



Back

Action taken (including Administration of first aid): _____

Person/s notified and reaction: _____

Time of parent/guardian's arrival: _____

Name of the person/s collecting the child: _____

Name of person making the report: _____

Signature of person making the report: _____

Date: _____

I/we acknowledge that I/we _____

_____ have been notified of the accident/injury.

Signature of parent _____

Date: _____