INJURY OR ACCIDENT REPORT FORM (MODEL FORM)

Child’s Name: _____________________________________  Child’s Age: _________

Injury Date: __________________________  Time of Injury: ____________________
   (month – day – year)  (a.m. – p.m.)

Cause of Injury or Accident: ________________________________________________

Witness(es) (if any): ______________________________________________________

Parent(s) notified by: ___________________________  Time notified: _____________
   (Caregiver)  (a.m. – p.m.)

LOCATION WHERE INJURY OR ACCIDENT OCCURRED
(check one or more location)
   ___ Living Room  ___ Bedroom  ___ Bathroom  ___ Kitchen  ___ Hallway  ___ Doorway  ___ Dining Room
   ___ Stairway  ___ Backyard  ___ Frontyard  ___ Deck/porch  ___ Basement  ___ Driveway  ___ Sidewalk

EQUIPMENT OR TOYS INVOLVED
   ___ Swingset  ___ Sandbox  ___ Slide  ___ Trike/Bike  ___ Climber  ___ Other: _______________________

PART(S) OF THE BODY INJURED
   ___ Eye  ___ Ear  ___ Nose  ___ Mouth  ___ Teeth  ___ Neck  ___ Arm  ___ Wrist  ___ Hand  ___ Leg  ___ Ankle
   ___ Foot  ___ Trunk  ___ Head  ___ Other: _______________________________________________________

TYPE OF INJURY
   ___ Cut  ___ Puncture  ___ Scrape  ___ Bruise or swelling  ___ Sprain  ___ Dislocation  ___ Broken Bone  ___ Burn
   ___ Crushing injury  ___ Loss of consciousness  ___ Other: ___________________________________________

FIRST AID ADMINISTERED
   ___ Pressure  ___ Elevation  ___ Cold Pack  ___ Washing  ___ Applied Antiseptic  ___ Bandaid  ___ Bandage
Other: _______________________________________________________________________________________

EMERGENCY CARE OR MEDICAL TREATMENT
Required:  ___ Yes  ___ No  Type: ________________________________________________

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
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