

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: _____