

## INJURY OR ACCIDENT REPORT 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: \_\_\_\_\_