

## Accident/Injury Report

NAME OF DAYCARE PROGRAM AND ADDRESS: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_ (am/pm)

STAFF SUPERVISING CHILD: \_\_\_\_\_

STAFF WRITING REPORT: \_\_\_\_\_

DATE REPORT WRITTEN: \_\_\_\_\_

WHERE DID THE INJURY OCCUR? : \_\_\_\_\_

WHAT WAS THE CHILD DOING DURING THE TIME OF INJURY? \_\_\_\_\_

\_\_\_\_\_

HOW DID THE INJURY OCCUR? : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE THE TYPE OF INJURY, AND THE PART OF THE BODY THE INJURY OCCURRED. BE DETAILED :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WAS FIRST AID ADMINISTERED? \_\_\_ YES \_\_\_ NO

NAME OF STAFF WHO ADMINISTERED FIRST AID: \_\_\_\_\_

WHAT FIRST AID WAS ADMINISTERED? : \_\_\_\_\_

WAS THE PARENT NOTIFIED? : \_\_\_ YES \_\_\_ NO

NAME OF PARENT NOTIFIED: \_\_\_\_\_

TIME AND METHOD OF PARENT NOTIFICATION: \_\_\_\_\_

I HAVE REVIEWED THE ABOVE INJURY REPORT AND CERTIFY IT IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
STAFF WRITING REPORT

DATE: \_\_\_\_\_

\_\_\_\_\_  
DAYCARE SUPERVISOR

DATE: \_\_\_\_\_

I HAVE REVIEWED THE ABOVE INJURY REPORT AND IT IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

DATE: \_\_\_\_\_