

# Child Injury/Accident Report Form

Any serious injury or incident must be reported to Licensing by 5:00PM the next business day. In addition, any injury that may need evaluation by a physician or impact to a child's head must be reported to the child's parent(s) immediately and be documented, or any injury requiring first aid or requiring observation must be reported to the child's parent(s) on the day of occurrence.

<b>Child's Information</b>			
Child's Full Name:	Child's Age:	Child ID #:	Site/Classroom:
<b>Details and Description of Injury/Accident</b>			
Date of injury:		Time of injury:	
Where did <i>this</i> occur? <input type="checkbox"/> Bathroom <input type="checkbox"/> Stairway <input type="checkbox"/> Kitchen <input type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom			
<input type="checkbox"/> Other Location:			
Was there equipment or furniture involved in the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what?			
Who was supervising the children at the time?			
Any other adult witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list names:			
Description of the injury and/or accident (if peer involved add their CPID):			
Injury- Description of first aid measures given and/or accident - Description of action taken:			
Who performed the first aid?			
What will be done to prevent this from happening again?:			
<b>Follow-Up Action Taken</b>			
<input type="checkbox"/> Child treated and remained at site		<input type="checkbox"/> Child taken home	<input type="checkbox"/> Called 911
<input type="checkbox"/> Child taken to doctor by (name of adult): _____			
<input type="checkbox"/> ambulance			
<input type="checkbox"/> ER		<input type="checkbox"/> Clinic/Urgent Care	Name of hospital/clinic:
<b>Notifications (as required by rule):</b>			
Parent Name:		Notified by: <input type="checkbox"/> Email, <input type="checkbox"/> Phone, <input type="checkbox"/> in Person, <input type="checkbox"/> Text, <input type="checkbox"/> Interpreter	
		Date:	Time:

Report Completed by: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent signature is required within 48 hours of the injury/incident. An email or text with confirmation of receipt will count as a parent signature.)