

## ACCIDENTAL INJURY REPORT FORM

1. Name of School \_\_\_\_\_

Address of Incident \_\_\_\_\_  
(city, state, and zip code)

2. Name of Injured Child \_\_\_\_\_

Birthdate of Child \_\_\_\_\_ Age \_\_\_\_\_

### Description of Incident

3. Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Describe the Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Person Involved/Name \_\_\_\_\_

How was this person involved? \_\_\_\_\_

Describe the area of the child's body that was injured \_\_\_\_\_  
\_\_\_\_\_

Where in the facility did it happen? \_\_\_\_\_  
\_\_\_\_\_

How did the incident happen? \_\_\_\_\_  
\_\_\_\_\_

Name of adult supervising child at time of incident \_\_\_\_\_

How did the child respond after the incident? \_\_\_\_\_  
\_\_\_\_\_

Was First Aid given or some other action taken? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, by whom \_\_\_\_\_

Describe action taken \_\_\_\_\_

\_\_\_\_\_

Signature of Person completing the form \_\_\_\_\_

Date \_\_\_\_\_

Signature of Supervising Adult \_\_\_\_\_

Date \_\_\_\_\_

### Parent Notification

4. This is to confirm that I have received a copy of this report on \_\_\_\_\_ Date

Parent Signature \_\_\_\_\_

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### Additional Comments

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