



CHILD INCIDENT REPORT

Child's Name _____ Date of Injury ___/___/___
Time of Injury: _____ AM PM Center: _____

Were child's parents notified? Yes No
Method of Contact: Phone In person Note

Who contacted Parents? _____ Date: ___/___/___ Time _____
Parents comments: _____

Nature of Injury and part of body affected:

Explain Cause of Injury:

Location of incident:

Describe specifically how injury occurred and treatment provided. Include approximate size of injury:

Person(s) present when injury occurred:

1. _____ Report Completed By: _____
2. _____ Date Submitted to Health Mgr. ___/___/___
3. _____

Actions taken to prevent further injuries: _____