

Injury Report Form

Name of Program:

Address of Program:

Name of Child:

Gender of Child: F M

Date and Time of Injury:

Age of Child:

Staff Member Completing the Form:	Staff member responsible for supervising the child at the time of injury:
Description of the Injury:	Description of any consumer products involved:
Location of where the injury took place:	Body Parts Involved:
Actions taken on behalf of the injured:	

Director Signature

Date

Parent Signature

Date