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

Also available for download under 'Program Resources' at www.necpa.net.