



## Injury Report Form

Program \_\_\_\_\_ EEC Program # \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Administrator/Site Coordinator \_\_\_\_\_

**Section One: to be completed for each injury occurring at the center**

Child's Name _____	Date of Birth _____
Date of injury _____	Time of injury _____
Description of injury _____ _____	
How did injury occur? _____ _____	
If applicable, description of equipment involved (location, condition) _____ _____	
Where did injury occur? (Playground, classroom A) _____	
What group was the child in when injury occurred? _____	
Number of children in the group? _____	
Names & qualifications of staff supervising the group when injury occurred? _____ _____	
Who witnessed/observed injury? _____	
Staff present at time of injury? _____	
Who administered first aid? _____	
What first aid was administered? _____ _____	
Was parent/guardian notified? Yes ___ No ___      How? _____      Time? _____	
Was anyone else notified? Who? _____      How? _____      Time? _____	
Description of any corrective action taken to prevent similar occurrence _____ _____	

**Section Two: to be completed in addition to Section One when medical treatment is received**

Was 911 called? Yes ___ No ___
Was child transported for medical attention? Yes ___ No ___
Where? _____ By Whom? _____
What treatment was provided? (be specific) _____ _____
Diagnosis of child? _____
Did child return? Yes ___ No ___ When? _____

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE:**

Signature of person who completed form \_\_\_\_\_ Date \_\_\_\_\_

Signature of administrator who reviewed form \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Submitted to EEC within 5 business days if child receives medical treatment:** Placed in child's file \_\_\_\_\_ Entered in record of incidents \_\_\_\_\_  
 Injury report \_\_\_\_\_ Copy provided to parents \_\_\_\_\_ Copy of First aid cards for staff involved \_\_\_\_\_ If applicable, supporting documentation \_\_\_\_\_

**EEC USE:** Licensor Review: Initials \_\_\_\_\_ Date \_\_\_\_\_