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__________