

NAME OF CHILD CARE PROGRAM

NAME OF INJURED CHILD

DATE OF INJURY: \_\_\_\_\_

DATE OF BIRTH

TIME OF INJURY: \_\_\_\_\_

WHERE WAS CHILD WHEN HE/SHE WAS INJURED?

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WHAT WAS CHILD DOING AT TIME HE/SHE WAS INJURED?

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HOW DID INJURY HAPPEN?

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TYPE OF INJURY & BODY PART INJURED:

WHAT FIRST AID TREATMENT WAS GIVEN & WHAT TIME AND DATE WAS THE FIRST AID PROVIDED?

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NAME OF STAFF PERSON WHO ADMINISTERED FIRST AID:

IF INJURY REQUIRED ADDITIONAL MEDICAL TREATMENT, IDENTIFY THE INDIVIDUAL OR MEDICAL FACILITY THAT PROVIDED THAT TREATMENT:

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NAME, TIME & METHOD OF PARENT NOTIFICATION:

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