Injury Report Form

Child's Name (first, last): _____

Staff Name: _____

Date: ____/____/____ **Time of Incident:** ____:____ **a.m. or p.m.**

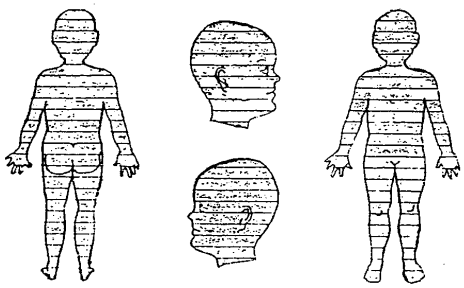
Name of Parent/Guardian notified: _____ **Time:** ____:____ **a.m. or p.m.**

EMS (911) or other medical professional: □ **not notified** □ **notified** ____:____ **a.m. or p.m.**

1. TYPE OF INJURY

□ Scrape/minor cut	□ Sprain	□ Foreign object/splinter
□ Deep cut/puncture	□ Burn	□ Unknown
□ Bump/bruise	□ Human bite	□ Tooth injury
□ Broken bone/dislocation	□ Insect bite/sting	□ Other: _____

2. BODY PART AFFECTED: _____



Description:

3. ACTIVITY AT TIME OF INCIDENT:

□ Free play	□ Meal/snack	□ Toileting
□ Circle time/group activity	□ Transition time	□ Other: _____

4. LOCATION (i.e. playground, bathroom): _____

5. TREATMENT provided by: _____

Treatment (check all that apply):

□ No treatment	□ Band aid or dressing	□ Phone call to parent
□ Cleaned injured site	□ Child rested	□ Referral to physician
□ Ice pack applied	□ Given comfort	□ Other: _____

6. CONTRIBUTING FACTORS (check all that apply):

□ None	□ Fall from(record height): _____
□ Object on floor/ground	□ Improper use of object/equipment/toy
□ Broken/faulty equipment/furniture	□ Pushed/hit/bit by another child
□ Wet/sandy/slippery floor	□ Object thrown
□ Window/door/gate	□ Other (specify): _____

7. ADDITIONAL INFORMATION: _____

_____

Signature of staff member: _____ **Date:** ____/____/____

Signature of Parent/Guardian: _____ **Date:** ____/____/____

Name of official/agency notified: _____ **Date:** ____/____/____

Lincoln-Lancaster County Health Department

Home Provider Copies:
1) Parent 2) Provider
Child Care Center Copies
1) Child's folder 2) Parent 3) Injury log