Injury and Accident Report

Name of Child: ______________________________

Date of Accident: ___________ Time of Accident: ___________

Location of Accident: ___________________________________________

Child’s Phone Number: ___________________________________________

Nature of Injury (describe in detail, including how it happened):

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Names of Witnesses: ___________________________________________

First-Aid Care Administered:

_________________________________________________________________
_________________________________________________________________

Administered by: ___________________________ Time: ___________

Physician notified, if any: ___________________________ Time: ___________

Ambulance called, if any: ___________________________ Time: ___________

Where Directed: ___________________________ Time: ___________

Which parent was notified (or guardian): ________________ Time: ___________

Provider’s Signature: ___________________________________________

Date: ________________

Parent’s Signature: ___________________________________________

Date: ________________