

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: _____