

Family and Consumer Sciences Child Care Injury/Accident Report

Child's Name: _____ Age: _____ Class: _____
Date: _____ Time: _____ Teacher(s): _____
Adults Present: _____
Description of Accident: _____

Treatment: _____

Administered By: _____

Circle all that apply:
Incident Location:

| | | |
|-------------|-----------------|--------------|
| Bathroom | Playground | Stairway |
| Hallway | Preschool Room | Toddler Room |
| Infant Room | School-age Room | Walkway |

Markings:

| | | | |
|----------|----------------------|----------|--------------------|
| Abrasion | Bump | Red Mark | Sprain (suspected) |
| Bite | Cut/Tear | Rug Burn | Other _____ |
| Bruise | Fracture (suspected) | Scratch | |

Body Location:

| | | | | | |
|---------------------|---------|----------|------|----------|--------|
| <i>Left</i> | Buttock | Eye | Heel | Neck | Teeth |
| <i>Right</i> | Cheek | Finger | Hip | Nose | Toe |
| Ankle | Chin | Forehead | Knee | Penis | Tongue |
| Arm | Ear | Hand | Leg | Shoulder | Vagina |
| Back | Elbow | Head | Lips | Stomach | Wrist |

Notification/Procedures:

| | |
|---------------------------|---------------------------------|
| 911 Called/Time: _____ | Transportation Used/Type: _____ |
| Parent Called/Time: _____ | Physician Called/Time: _____ |
| Talked to Parent | Talked to Nurse |
| Left Message | Talked to Physician |

Teacher's Signature

Date:

Director's Signature

Date:

Parent/Guardian Signature

Date: