

## Minor, Incident, or Injury Report

Please Write Clearly

Center/Program Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Center/Program Address: \_\_\_\_\_

Type of Facility (Check One)  Licensed Center  Hourly Center  Out of School Time Program

Date of Injury \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Time of Incident \_\_\_\_\_

Name of Child \_\_\_\_\_

Age of Child \_\_\_\_\_ Gender of Child  Male  Female Location When Injury Occurred  Inside  Outside

Body part(s) Injured \_\_\_\_\_

Type of injury \_\_\_\_\_

Individual(s) who observed the incident \_\_\_\_\_

Describe what happened: \_\_\_\_\_

Describe what action or treatment was taken in response to this incident, and by whom: \_\_\_\_\_

Was a parent, guardian or emergency contact person notified of the accident/incident?  Yes  No

If yes, name of person(s) contacted: \_\_\_\_\_

Date and time of contact: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ At \_\_\_\_\_

(Continued)

Any Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Caregiver Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Center/Program Director Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Person Picking Up Child Date

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are not required to use this form.