

Minor, Incident, or Injury Report

Please Write Clearly

Provider's Name: _____ Phone: _____

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 _____

Any Additional Comments: _____

_____/_____/_____
Signature of Provider 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.

