Minor, Incident, or Injury Report

(This form can be used when medical attention was not required.)

Provider's Name:_____ Phone:_____

Date of Incident_____/_____/_____ Time of Incident _____

Name of Child_____

Describe what happened: _____

_____

_____

Describe what action or treatment was taken and by whom: _____

_____

_____

Individual(s) who observed the incident _____

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

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 <u>not</u> required to use this form.

UTAH DEPARTMENT OF HEALTH

Child Care Licensing

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