

INJURY/ACCIDENT RECORD

Child's Name: _____

Date of Injury: _____ Time of Injury: _____

Caregiver(s) Present: _____

Type and Circumstance of Injury:

Actions Taken (example: first aid, comfort, pressure, elevation, cold pack, washing, bandage):

Date Parent (s) Notified: _____ Time of Notification: _____

Method of Parent Notification (phone, in-person, email): _____

Future Actions to Prevent Recurrence of Injury:

Please indicate if the following occurred:

- 9-1-1 was called
- Child was treated and/or transported by emergency responders
- Child Protective Services (CPS) was notified

Caregiver Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

***Caregiver and parent signatures or two caregiver signatures are required.**

NOTE: The parent must be notified immediately if a child has a head injury or any serious injury that requires emergency medical or dental treatment. The parent must be notified the same day whenever first aid is administered to the child. Providers must record the injury in the child's record on the day the injury occurs.