



Accident / Injury Report

Child's name _____ Date _____

1. How was the child injured? _____

2. Describe where the child is injured? _____

3. Was the child inside or outside? _____

4. Was equipment involved? _____

5. Who witnessed the accident? _____

6. What treatment was given? _____

7. Did you contact the parent? _____

8. Follow up suggestions _____

Teacher's signature _____ date _____

Office staff's signature _____ date _____