

## Module 3: Preparing for and Managing Emergencies

### Handout G: Injury Report Form

Name of Program: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: M F Birthdate: \_\_/\_\_/\_\_ Incident Date: \_\_/\_\_/\_\_

Time of Incident: \_\_:\_\_ AM/PM Witness: \_\_\_\_\_

Location of Incident:  playground  classroom  bathroom  hall  kitchen  doorway  office  
 dining room  large muscle room or gym  stairway  unknown  other (specify): \_\_\_\_\_

Equipment/Product Involved:  climber  slide  swing  playground surface  sandbox  trike/bike  
 hand toy (specify): \_\_\_\_\_  other equipment (specify): \_\_\_\_\_

Cause of Injury:  fall to surface; estimated height of fall \_\_ feet; type of surface: \_\_\_\_\_  
 fall from running/tripping  bitten by child  hit or pushed by child  injured by object: \_\_\_\_\_  
 eating or choking  insect sting/bite  animal bite  exposure to cold  motor vehicle  
 other (specify): \_\_\_\_\_

Parts of Body Injured:  eye  ear  nose  mouth  tooth  other part of face  other part of head  
 neck  arm/wrist/hand  leg/ankle/foot  trunk  other (specify): \_\_\_\_\_

Type of Injury:  cut  bruise or swelling  puncture  scrape  broken bone or dislocation  sprain  
 crushing injury  burn  loss of consciousness  unknown  other (specify): \_\_\_\_\_

First Aid Given at the Facility:  comfort  pressure  elevation  ice  cleaned wound  antiseptic  
 bandage  rest  other (specify): \_\_\_\_\_

Who was Contacted at what Time:  parents at \_\_:\_\_ AM/PM  health care provider at \_\_:\_\_ AM/PM  
 emergency contact person at \_\_:\_\_ AM/PM  emergency medical services at \_\_:\_\_ AM/PM  
 other (specify): \_\_\_\_\_ at \_\_:\_\_ AM/PM

Treatment Provided by: \_\_\_\_\_  
 no doctor's or dentist's treatment required  treatment as an outpatient (e.g., office or emergency room)  
 hospitalized (overnight) # of days: \_\_\_\_  other (specify): \_\_\_\_\_

Follow-up Plan for Care of the Child: \_\_\_\_\_

Corrective Action Needed to Prevent Reoccurrence: \_\_\_\_\_

Name of Official/Agency Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Adapted with permission from: Pennsylvania Chapter American Academy of Pediatrics  
(June 1997) Model Child Care Health Policies.