CONFIDENTIAL

CHILD CARE HOME
STUDENT INJURY REPORT
(MEDICAL ATTENTION NEEDED)

NAME OF LICENSEE______________________________ DATE OF INJURY_____
ADDRESS____ TIME OF INJURY______

NAME OF CHILD_________________________________ AGE___ SEX_________
NAME OF PARENT________________________________
ADDRESS____

WAS INJURY CAUSED BY A FALL? YES____ NO____
IF YES, TYPE OF SURFACE____
DID INJURY OCCUR ON PLAYGROUND EQUIPMENT? YES____ NO____
IF YES, TYPE OF EQUIPMENT_______________________________________

HOW DID THE INJURY HAPPEN? (DESCRIBE BRIEFLY)_____________________
____
____
____

LOCATION OF WHERE INJURY OCCURRED?________________________________

WITNESS TO INJURY__________________________________
CHILD/STAFF RATIO AT TIME OF INJURY_______________

WAS CHILD GIVEN FIRST AID? YES____ NO____ __________________________
TYPE OF AID GIVEN?___________________________ (BY WHOM)

WERE PARENT'S NOTIFIED? YES____ NO____ ___________________________
WHEN?__________________ (BY WHOM)

WAS EMERGENCY TREATMENT PROVIDED AT HOSPITAL/DR. OFFICE/
DENTIST? YES____ NO____ WHERE?_____________________________________
RESULT OF INJURY (DIAGNOSIS/TREATMENT)____________________________
____
CORRECTIVE ACTION TAKEN TO PREVENT FURTHER INJURIES____________
____

RETURN TO: ______________________________
DIVISION OF FAMILY RESOURCES (SIGNATURE OF LICENSEE)
CHILD CARE HOME LICENSING ______________________________
402 W. WASHINGTON, RM W-386, MS02 (TODAY'S DATE)
INDIANAPOLIS, IN 46204

3/02