# Diagram  Description automatically generated**Accident/ Injury Form**

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| --- | --- |
| **Child’s Name:** | **Date of Birth:** |
| **Date and Time of Accident:** |
| **Name of Adult/ Witnesses Present:** | **Place Where Accident Occurred:** |
|  |  |
| **Description Of How The Accident Occurred:** | **Report of Injury:** |
|  |  |
| **First Aid Treatment Given:** | **Condition of Child Following the Incident:** |

Yes No

Parent Contacted?

Call Email Text

How Was Parent Contacted?

**Body Map**

FRONT

BACK