

CONFIDENTIAL

STUDENT INJURY REPORT

NAME OF CENTER _____ 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) _____

WHERE DID THE INJURY OCCUR? _____

NAME OF STAFF MEMBER IN CHARGE _____

WAS HE OR SHE PRESENT AT THE SCENE OF THE INJURY? YES _____ NO _____

WITNESS TO INJURY (IF ANY) _____

WAS THE CHILD GIVEN FIRST AID? YES _____ NO _____
TYPE OF AID GIVEN? _____ (BY WHOM)

WERE THE PARENTS NOTIFIED? YES _____ NO _____
WHEN? _____ (BY WHOM)

WAS EMERGENCY TREATMENT PROVIDED AT HOSPITAL OR AT DOCTOR'S OFFICE?
YES _____ NO _____ WHERE? _____

RESULT OF INJURY (DIAGNOSIS/TREATMENT) _____

CORRECTIVE ACTION TAKEN TO PREVENT FURTHER INJURIES _____

RETURN TO:
FAMILY AND CHILDREN'S DIVISION
DAY CARE CENTER LICENSING
402 WEST WASHINGTON, ROOM W364
INDIANAPOLIS, IN 46204

(SIGNATURE OF DIRECTOR)

(TODAY'S DATE)

HS-24/EHS-10 2/11

