

REPORT OF INJURY

Child's Name: _____

Date: _____

Your child received the following injury at approximately

_____ a.m.

_____ p.m.

Nature of Injury: _____

FIRST AID TREATMENT ADMINISTERED

Cleansed Wound Applied Ice Applied Band Aid

Other _____

STAFF SIGNATURE: _____ Date: _____

Parent Notified: _____ By Phone

_____ By Back Pack Notice

_____ By Email

_____ By Letter

By law, we are not allowed to apply any medications so you might want to continue treatment at home.