

CHILD INJURY LOG

PROGRAM/CENTER NAME

CLASSROOM

NAME OF CHILD:

DATE/TIME OF INJURY:

LOCATION:

WHO NOTIFIED PARENT?

PARENT NOTIFIED WHEN?

PARENT NOTIFIED HOW?

DESCRIPTION OF INCIDENT

ACTION TAKEN

NAME OF PERSON COMPLETING REPORT & NAMES OF WITNESSES

Use This Button to Add, Insert, Move, or Delete Injury Log Entries for this Classroom