

## Minor Injury Report Form

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_

Date and Time of Injury: \_\_\_\_\_

Location and Cause of Injury: \_\_\_\_\_

\_\_\_\_\_

Type of Injury: \_\_\_\_\_

First Aid Provided: \_\_\_\_\_

\_\_\_\_\_

Person Providing First Aid: \_\_\_\_\_

Parents notified: (When / by whom) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Person Presenting Form for Signature \_\_\_\_\_ Date: \_\_\_\_\_