

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: _____