

Minor Injury Report

Name of Child: _____

Date of Injury: _____ Time: _____ a.m. _____ p.m.

Time parent(s)/ guardian(s) notified: _____ a.m. _____ p.m.

Name of attending caregiver: _____

Describe the injury:

(You may also use the line drawing on reverse to indicate where the injuries are located on the child's body)

Describe how and where the injury occurred: _____

Was first aid administered? Yes No (If Yes, specify) _____

Who administered first aid? _____

Was any further action taken? (e.g. child sent to hospital, to physician) Yes No

If yes, complete and submit Injuries/Unusual Occurrence Report (Form 7796)

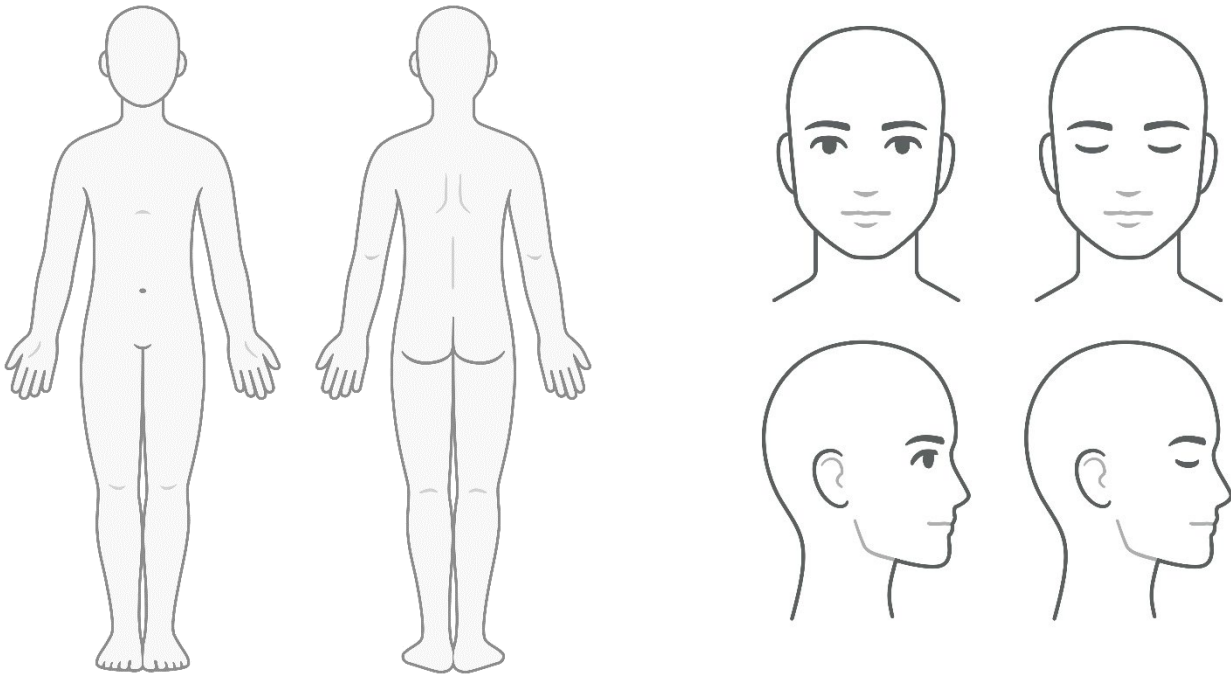
If the child remained at the facility, what was the child's level of participation? _____

Other comments: _____

What corrective action has been taken to prevent further injuries of this type: _____

Names of staff who witnessed the injury: (if applicable) _____

(Please use diagram on the reverse, when applicable)



Indicate site of injury with an "x"

Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.

Signature of Centre Director or Child Care Home Provider

Date

Signature of Centre Staff

Date

Signature of Parent/Guardian

Date