

## INJURY REPORT

Name \_\_\_\_\_

Program/Address Where Injury Occurred \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ AM/PM

Date Discovered \_\_\_\_\_ Time Discovered \_\_\_\_\_ AM/PM

Date Reported \_\_\_\_\_ Time Reported \_\_\_\_\_ AM/PM

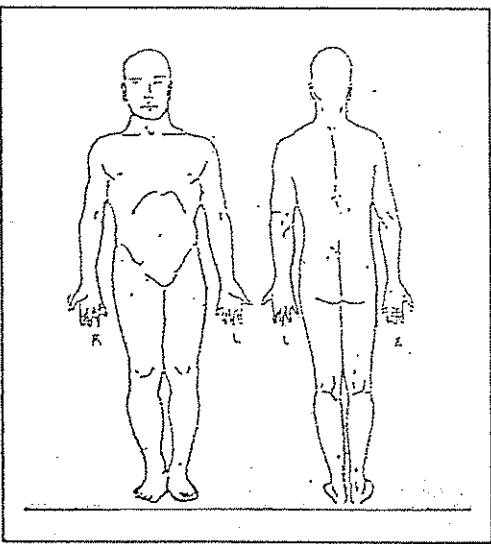
Report Prepared By \_\_\_\_\_ Position \_\_\_\_\_

Shade or check the appropriate item(s) in each section below:

<u>Type of Injury</u>	<u>Body Part Injured</u>	<u>Place of Occurrence</u>
0 Cut	0 Head 0 Genitals	0 Home      0 Yard
0 Scrape	0 Face 0 Buttocks	0 Bathroom
0 Bruise	0 Mouth/Teeth 0 Back	0 Dining/Lunch Room
0 Bite	0 Hands/Arms	0 Rec. Area
0 Swelling	0 Feet/Legs	0 School
0 Unknown	0 Neck or Chest	0 Stairs
0 Other: _____	0 Other: _____	0 Other: _____

Description of Injury \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Apparent Cause of Injury \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Staff Response and Treatment Given**

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DOCUMENT ON FIGURES ALL MARKS, ETC. EVIDENT ON BODY AS A RESULT OF INJURY