Injury/Illness Report

<table>
<tr><td colspan="3">Name of Child:</td><td colspan="2">☐ Injury or ☐ Illness</td></tr>
<tr><td colspan="5">Place where Injury or Illness occurred:</td></tr>
<tr><td colspan="2">Date of Injury or Illness:</td><td colspan="3">Time of Injury or Illness: ☐a.m. ☐ p.m.</td></tr>
<tr><td colspan="5">Describe the activity the child was involved in at the time of the injury or illness:</td></tr>
<tr><td>Was first aid given?</td><td>☐ Yes
☐ No</td><td colspan="3">If yes, please describe:</td></tr>
<tr><td>Were emergency services called?</td><td>☐ Yes
☐ No</td><td colspan="3">If yes, please describe:</td></tr>
<tr><td rowspan="2">Was a doctor contacted?</td><td rowspan="2">☐ Yes
☐ No</td><td colspan="3">If yes, what time? ☐ a.m. ☐ p.m.</td></tr>
<tr><td colspan="3">Name of doctor:</td></tr>
<tr><td rowspan="2">Parent/Guardian Notified?</td><td rowspan="2">☐ Yes
☐ No</td><td colspan="3">If yes, what time: ☐ a.m. ☐ p.m.</td></tr>
<tr><td colspan="3">Method of Notification:</td></tr>
<tr><td rowspan="2">Did child remain in child care?</td><td rowspan="2">☐ Yes
☐ No</td><td rowspan="2" colspan="2">Time child picked up:</td><td>☐ a.m.</td></tr>
<tr><td>☐ p.m.</td></tr>
<tr><td colspan="5">Corrective action taken to prevent reoccurrence:</td></tr>
<tr><td colspan="5">Additional Comments:</td></tr>
</table>

Signature of Provider: ______________________ Date: ________

Signature of Parent/Guardian: ______________________ Date: ________

Signature of Parent/Guardian: ______________________ Date: ________