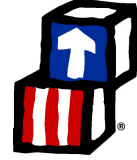


HIGHLAND RIM HEAD START

P.O. Box 208 • 3215 Hwy 149
Erin, Tennessee 37061



ACCIDENT/INJURY REPORT

Date of Event: _____

Classroom/Center: _____

Child's Name: _____

Description of Event:

What was the child doing when injured: _____

How was the child hurt or injured? (Describe the injuries): _____

Time Accident/Injury occurred? _____ Indoors Outdoors

Caregiver(s) who witnessed and/or child informed of the accident/injury: _____

Treatment Given?

TLC Band Aide Wet Paper Towel Ice/Ice Pack Rinse Area

Other (specify): _____

Was a physician contacted? Yes ___ No ___ Was 911 called? Yes ___ No ___

*If yes, has the Health Services Manager or designee been contacted? Yes ___ No ___

How was the parent/guardian notified and forwarded all documentation? Yes ___ No ___

Phone Discussed at Regular Pick Up Time Sent Report Home

Time parent was notified: _____

Was child picked-up early due to this accident? Yes If so, what time? _____ No

_____ Did parent/guardian receive copy of Accident/Injury Report?

Parent's Signature Yes No If not, explain: _____

Staff Signature