



Child's name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Place of incident: \_\_\_\_\_

Persons involved in incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain what happened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical injury apparent: (Attach Photo if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Action taken by parent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Photo of Injury: