Injury Report

Email or fax to the child's worker & your licensing worker

Date	Child's Name:				
Injury:		•			
Other's involved:					
Did you see what happe					
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If you did not see what happened, when did you notice the injury?					#
Did anyone else (includi happened?	ng other children) se	e what happe		/hat did tl	ney say
Did the child require me	•				'
If so, where did you bring the child and what was the outcome of the visit?					
Where is the child now?)				
Any additional informat	ion?		——————————————————————————————————————		

Note: It often helps if you take a picture of the injury. Take 2-3 shots, one showing the child's face. Email the pictures along with this report.