Injury Report Form

Early Learning psesd excellence & equity in education Puget Sound Educational Service District

This form includes all information from the Department of Children, Youth, and Families (DCYF). Use this form to meet both DCYF and PSESD requirements.

Provider Name:		**Provider ID:**
Name of Injured Child:	**Age of Child:**	**Child's Gender:** ☐Male ☐Female
Date of Incident:	**Time of Incident:** ☐AM ☐PM	☐Called 911 ☐Called Poison Control

CHECK ALL THAT APPLY

Type of Injury:

☐Open Wound/Cut
☐Sprain/Strain/Twist
☐Broken Bone/Fracture
☐Respiratory Condition
☐Pain/Inflammation/Bump
☐Allergy/Sensitivity Reaction
☐Loss of Consciousness
☐Other:
☐Dislocation
☐Burn
☐Poisoning
☐Seizure

☐Hospital Admission (overnight)
☐Fatality

Body Parts Affected:

☐Head/Face
☐Ears
☐Eyes
☐Nose
☐Mouth/Teeth
☐Toes
☐Legs/Knees
☐Arms/Elbows
☐Hands/Wrists
☐None
☐Other:
☐Fingers
☐Abdomen
☐Hip/Pelvis
☐Chest/Shoulders
☐Feet/Ankles
☐Groin
☐Buttocks
☐Torso/Side
☐Neck
☐Back

Side of Body Affected:
☐Left ☐Right

Professional Medical Treatment Given:

☐First Aid
☐CPR
☐X-rays
☐Stitches/Staples/Glue
☐Dental
☐EMT Treatment Onsite
☐Other:

☐None

Where injury/Incident Occurred:

Indoor
☐Classroom/Playroom
☐Kitchen
☐Bathroom
☐Sleeping Area
☐Other:

Outdoor
☐Play Area
☐Playground Equipment
☐Pool/Water
☐During Field Trip
☐Other:

Cause of Injury/Incident:

☐Slip or Trip
☐Struck by Object
☐Overexertion
☐Fall
☐Bites/Scratches/Kicks
☐None/Unknown
☐Other:
☐Fire
☐Electricity
☐Chemicals
☐Structures/Surfaces

Taken to Clinic/Hospital:

☐By Parent
☐By Provider
☐By Ambulance
☐Unknown
☐Not Taken

List names of staff present and/or witnesses:

Please give a brief summary of incident (including specific treatment provided)**:**

Parent/Guardian Contacted	**Licensor Contacted**	**Social Worker Contacted** (if applicable)
Date and Time:	Date and Time:	Date and Time:
☐In Person ☐Phone ☐Email	☐In Person ☐Phone ☐Email	☐In Person ☐Phone ☐Email

Parent/Guardian Comments:

Parent/Guardian Signature	**Licensee/Staff Signature**
Date	**Date**
Parent/Guardian Name	**Licensee/Staff Name**

For PSESD Use Only:
If applicable, what steps will be taken to mitigate a similar injury from occurring? (i.e. remove tripping hazard)

☐Follow Up Complete	☐Incident Report Form Required

For DCYF Use Only: ☐Minor ☐Serious ☐Critical	☐Intake ☐CIR

RETAIN ORIGINAL IN FAMILY FILE. GIVE COPY TO PARENT.