

# Injury Report Form



Any serious injury or incident, as defined in OAR 414-205-0010(29), OAR 414-300-0010(43) or OAR 414-350-0010(32), needs to be reported to OCC within five (5) calendar days after the occurrence. This does not include: (A) Injuries for which a child is evaluated by a professional as a precaution; (B) Injuries for which first aid is administered at the facility, but no further treatment by a medical professional is warranted; or (C) Medical events due to routine, ongoing medical issues, such as asthma or seizures.

Child's Information						
Child's Name:				Child's Age:		
Details and Description of Injury						
Date and Time of Injury:						
Where did the injury occur?	Classroom	Bathroom	Stairway	Hallway	Kitchen	Playground
Other:						
Was there equipment involved in the injury?						
Yes No If yes, what equipment?						
Who was supervising the child at the time of injury?						
Any other adult witnesses?						
Yes No If yes, list names:						
Description of Injury:						
Description of first aid measures given:						
Who performed the first aid?						
Are there follow-up instructions?						
Yes No If yes, what are they?						
Follow-Up Action Taken						
Child treated and remained at child care		Child taken home		Called 911		
Child taken to doctor by (name of adult):						
Doctor's Name:						
Child sent to hospital		Name of hospital:				
Transported by:						
Notifications (as required by rule):						
Parent	Name:	Notified by:	Note	Phone	in Person	
Physician/Clinic	Name:	Notified by:	Note	Phone	in Person	
Hospital	Name:	Notified by:	Note	Phone	in Person	
OCC	Name:	Date:				

Provider/Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_