

Injury Report Form for Children Taking Part in College Programs

Program Directors are required to complete and submit to the [Chief Risk Officer](#) the following reports for each injury that occurs in a College program in which (1) the child is brought to the hospital; and/or (2) the child is sent home due to the injury. A separate Injury Report Form must be completed for each injured party.

Name of Program: _____

Program Director: _____

Today's Date: _____ Date of Injury: _____ Time of Injury: _____

Name of Injured Child: _____ Gender: _____

Child Participant's Parents/Guardian: _____ Phone: _____

Location where Injury Occurred (*Be specific*): _____

Nature of Injury, if known. (*This may include, but is not limited to, alleged abuse or neglect, allergic reaction, bite or sting, bruise or contusion, burn, concussion, cut or laceration, drowning, heat, fracture, dislocation, muscle strain, near drowning, exhaustion, hypothermia, psychological issue, infection, unknown*): _____

Description of Incident (*Please use factual statements and observations. If you do not have all the information, do not guess or try to recreate what might have happened. If information was reported to you, indicate that and identify who reported it.*): _____

Name of Other Individuals Involved, including other Authorized Adults: _____

Where was the person treated? (Off-site medical facility, including emergency room, On-site medical facility, admitted to hospital, physician's or dentist's office, or other) _____

Name (print): _____ Date: _____

Signature: _____