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PROVIDER'S REPORT OF INJURY DURING SESSION
(this report is to be completed when an injury requiring first aid or medical treatment occurs during a session)

Date of incident _____ **Time of incident** _____

Date of report _____

Name of injured person _____

Age _____ **Sex** _____

Location of incident _____

How did the injury occur? Include body parts involved, consumer products involved, witnesses, child's report.

Actions taken on behalf of injured.

Recommendation to avoid this type of injury.

Name of reporting provider _____

Signature _____

Copies to 1) child's parent; 2) child's file; 3) EIO; 4) Bilinguals QA Director