**RECORD OF CHILD INJURY REPORT**

(To be completed by Provider and reviewed by Program Director after an injury occurs that requires first aid or medical treatment for the child. Copy to: Parent/Guardian, NYC BEI Regional Office, Child Injury Log and Child’s Record.)

Child’s Name: EI#:

Gender: DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Injury:

Location where injury occurred:

Description of how injury occurred as per Provider:

Account of injury by a witness to it (include name/address/phone number):

Part of body injured:

Description of any consumer product in use when injury occurred (toys, therapy equipment, etc):

Name/address/phone number of Provider:

Action taken on behalf of the injured child following the injury:

911 Called  Child’s MD Notified

Child’s Parent Notified  Program Director Notified

OSC Notified  First Aid Applied

Other (please specify):

Recommendations of preventive strategies to avoid future occurrences of this type of injury:

**Form Completed By:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Name Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Form Reviewed By:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Name Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Copy Sent to BEI Regional Office - Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Copy Sent to Parent/Guardian - Date: \_\_\_\_/\_\_\_\_/\_\_\_\_