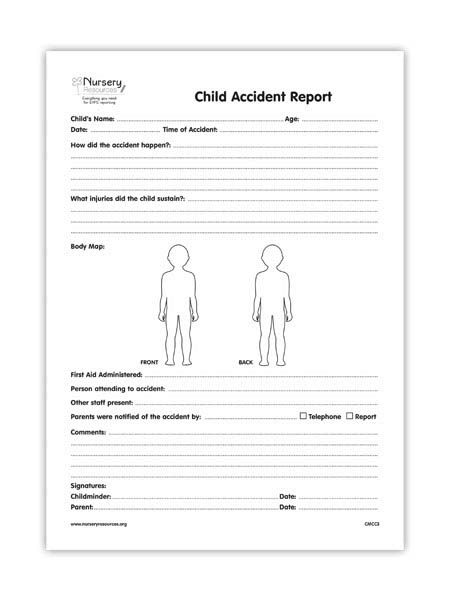


**OUCH REPORT**



|  |  |
| --- | --- |
| **Child’s Name:** |  |
| **Date of Accident:** |  |
| **Time of Accident:** |  |
| **Type of Injury:** | Cut/Scrape Puncture Bite Crush  Bump/Bruise Splinter Burn  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Location of Incident:** |  |
| **What the child was doing:** |  |
| **Caregiver response and first aid:** | Hugs & Kisses Cleaned & Bandaged  Ice Pack Rest |
| **Name of Caregiver that responded:** |  |
| **Location of Owie:** |  |
| **Parent contacted?** | Yes No How?Phone Other\_\_\_\_\_ |
| **Name of Parent contacted:** |  |
| **Who contacted parent:** |  |
| **Time parent was contacted:** |  |
| **Other Contacts or Actions:** |  |

Signature of Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_