

**OUCH REPORT**



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| **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: \_\_\_\_\_\_\_\_\_\_\_\_