

# At Home Injury Report

In the scenario that your child has experienced an injury outside of the center that has resulted in any visible bruises, cuts, bumps, scratches or marks, please fill out the below form and provide to staff during morning drop-off, or email prior to drop-off.

.....  
Date: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Type of Injury (Cut, Bruise, etc.): \_\_\_\_\_

How did Injury Occur: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
.....  
\_\_\_\_\_

Parent/Guardian Signature (if emailed from recorded email on file, no signature required):

\_\_\_\_\_

