

Wings Community Programs Accident or Injury Form

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

Form filled out by: \_\_\_\_\_ Date: \_\_\_\_\_

Location of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Parents Notified By: \_\_\_\_\_ Time Notified: \_\_\_\_\_

Were Emergency Services Required? Yes No

Did child need to leave program? Yes No

Type & location of injury: (I.e. dental, eye, head. Include some detail like burn, bruise or puncture)

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Cause of injury: (i.e fall, another child, climbing, running)

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Incident details: (Include Wings program , or snack, recess etc.)

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First Aid administered & if further treatment required:

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Who administered first aid: \_\_\_\_\_

Comments:

Note: All injuries MUST be reported to Director of Wings ASAP. Copy of report should be sent to school nurse within 24 hours and must be available to parent at request.