

First Aid Treatment:

- Injury cleaned with soap and water Cold compress/ice pack applied
 Bandage applied Other (please specify) _____
-

Parent/Guardian notified at time of incident by phone?

- Yes No

If yes, please document the phone calls below:

Number Called: _____ Time Called: _____ Result: _____
Number Called: _____ Time Called: _____ Result: _____
Number Called: _____ Time Called: _____ Result: _____
Number Called: _____ Time Called: _____ Result: _____
Number Called: _____ Time Called: _____ Result: _____

Staff Signature: _____

Site Supervisor/Supervisor Signature: _____

I, _____, acknowledge that I have been made aware of the above incident; and I will notify PSC staff immediately if my child receives medical treatment due to this injury/ incident. A copy of this report will be placed in the child's file, and a copy provided to parents/guardians.

Parent Signature: _____ **Date:** _____

Parent/Guardian Comments:
