

Monroe County Early intervention Program
Record of Injury Report

Child's name: _____ Sex: _____ Date of Birth: _____

Date of injury: _____ Time: _____

Parent/ Legal Guardian name and date notified of injury:

Location of where injury took place:

Description of how the injury/incident occurred:

Witness name: _____ Telephone number: _____

Witness address: _____

Witness report:

Body parts involved:

Consumer product involved or used when injury occurred:

Name and location of provider responsible for supervising the child at the time of injury:

Actions taken on behalf of the injured child:

Recommendations of preventive strategies that could have been taken to avoid future occurrences of this type of injury:

Name of Provider completing this report:

Name, signature and address of the agency, individual or subcontracted provider who was present or who was providing service:

Provider's Signature:

Original: Injury log at Provider Agency or Independent Provider- Retain for period required by state's statute of limitations.

Provider sends copy to: Child's Parent/Legal Guardian, OSC and EIOD assigned to the case (county copy kept in county fiscal file until child is 21 years of age).