

University Lutheran Church
1020 South Harrison Road
East Lansing, MI 48823

NURSERY ACCIDENT REPORT

Name of Child: _____

Child's Age: _____ Gender: (circle one) Male Female

Parent/Guardian name: _____

Date injury occurred: _____ Time occurred: _____

Type of injury: Bruise Cut Scrape Fall
(circle) Bite Sliver Burn Sting
 Choking Broken bone Poisoning Head injury
 Other _____

Location of injury: _____

How injury happened: _____

Witnesses of injury incident: _____

Treatment given to child: _____

Treatment administered by: _____

(Nursery Caregiver's signature) _____
(date)

(Parent/Guardian's signature) _____
(date)