



OUCH! Report

Child's Information

Name: _____

Gender: M / F

Age: _____

Name of Parent: _____

Ouch! Information

Date and Time of Accident: _____

Describe incident (include location, names and actions of all those involved):

Describe injuries (if any) and what action was taken to treat the injuries.

How and when was the parent notified? _____

Additional Comments: _____

Your Name: _____

Signature: _____