



OUCH REPORT

Child's Name (First and Last): _____

Date: _____ Time: _____

It happened: In the Middle Room In My Class On the Playground Other _____

What were the children doing when the injury occurred?

Something about my neck is injured: Yes No

Parent informed by: Phone Note

Brief description of the injury:

First-aid given: Washed Band Aid ice Rest/Observation T.L.C.

Other: _____

Teacher(s) present at time of injury: _____

Teacher's signature: _____

Supervisor's signature: _____

Parent's signature: _____