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# Minor Injury Report

Name of Child: William Roberts

Date of Injury: 2025-12-08 Time: 10:52 AM

Time parents notified: 12:00 AM

Name of attending caregiver: \_\_\_\_\_

Describe the injury:

(You may also use the line drawing on reverse to indicate where the injuries are located on the child's body)

Describe how and where the injury occurred:

Was first aid administered? ☒ No ☐ Yes (If yes, specify)

Who administered first aid? \_\_\_\_\_

Was any further action taken? (e.g. child sent to hospital, to physician) ☒ No ☐ Yes

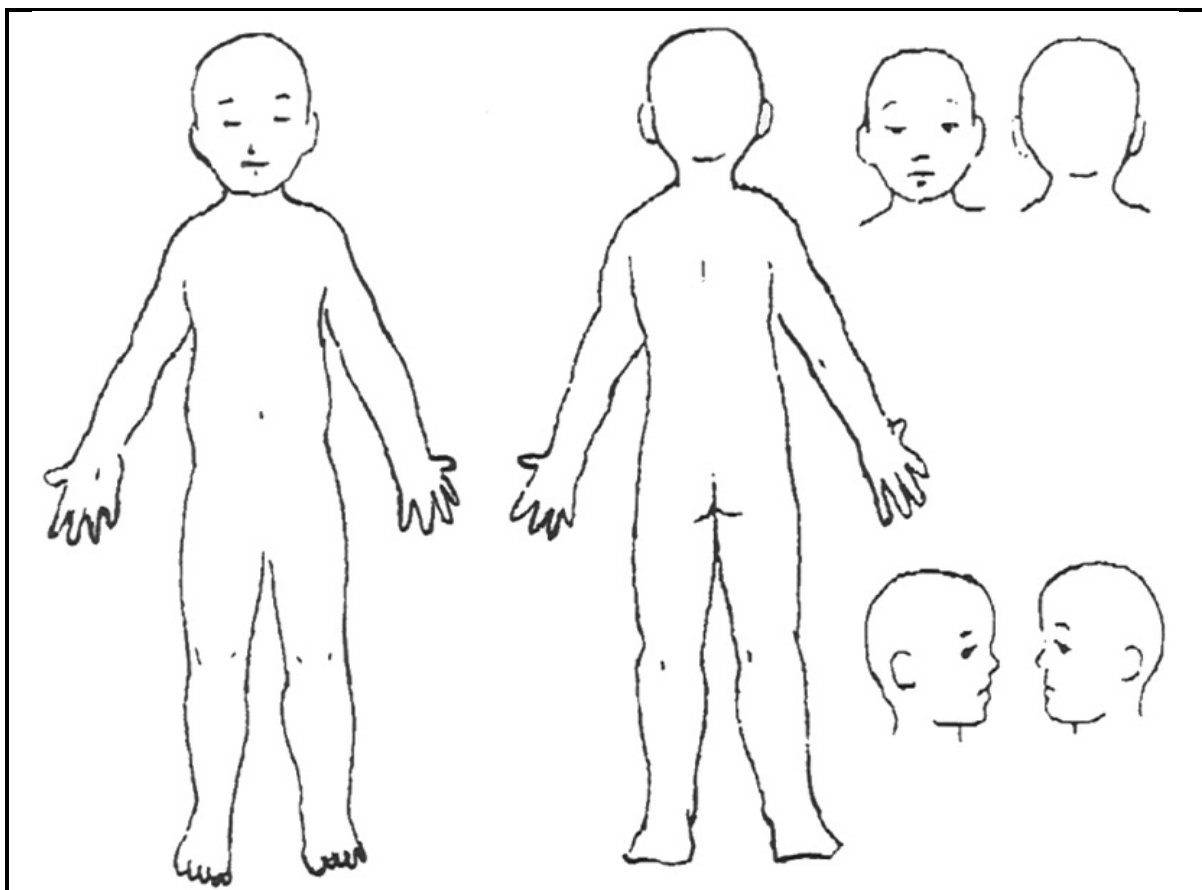
If yes, complete and submit Injuries/Unusual Occurrence Report (Form 7796)

If the child remained at the facility, what was the child's level of participation?

Other comments:

What corrective action has been taken to prevent further injuries of this type:

Names of staff who witnessed the injury: (if applicable) \_\_\_\_\_



**Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations**

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**Signature of Centre Director or Child Care Home Provider**

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**Date**

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**Signature of Centre Staff**

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**Date**

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**Signature of Parent**

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**Date**