
Minor Injury Report

Name of Child: William Roberts

Date of Injury: 2025-09-09 Time: 09:50 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

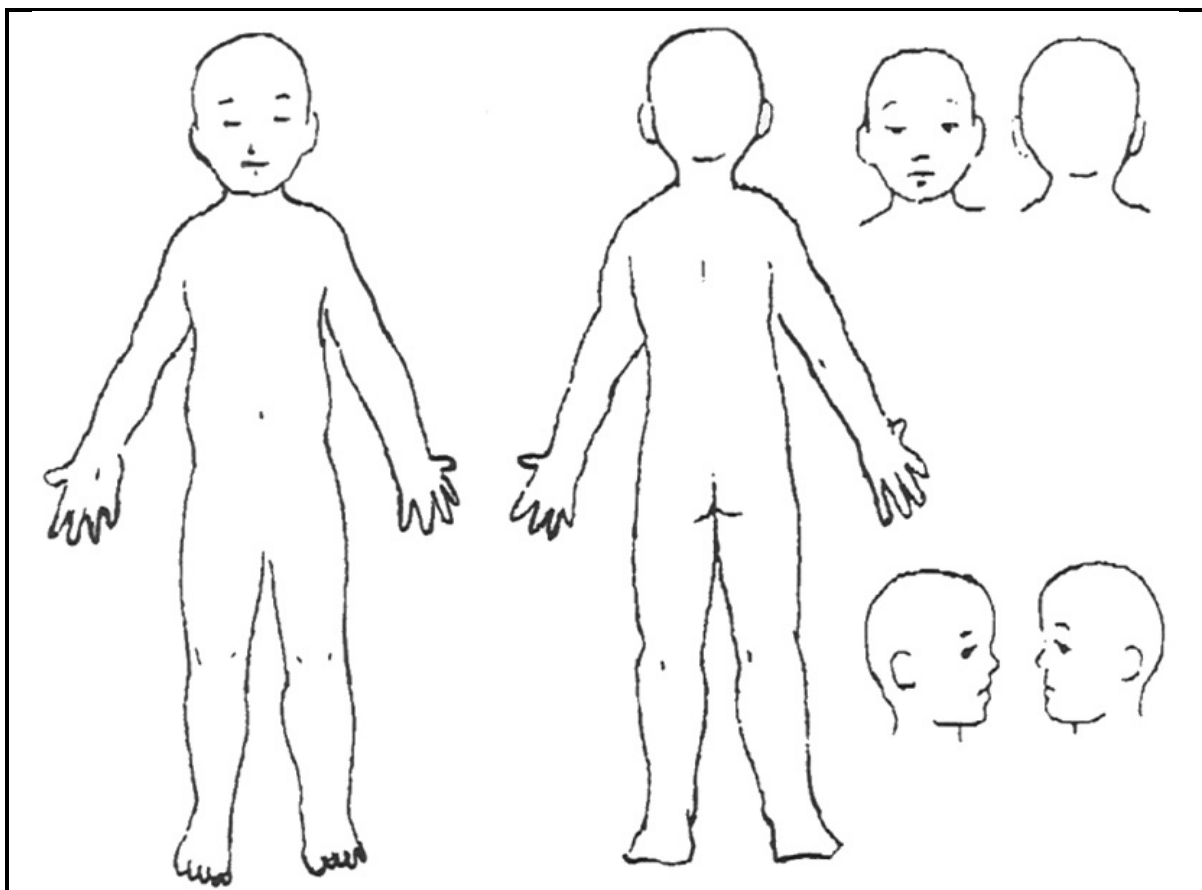
If yes, complete and submit Injuries/Unusual Occurrence Report (Form 7796)

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

Signature of Centre Director or Child Care Home Provider

Date

Signature of Centre Staff

Date

Signature of Parent

Date