

# JUDAH'S CUB CARE

## INCIDENT AND/OR INJURY REPORT

Name of child \_\_\_\_\_ Date of injury \_\_\_\_\_

Time of injury \_\_\_\_\_

Injury description \_\_\_\_\_

Action taken \_\_\_\_\_

Name of parent/guardian notified \_\_\_\_\_

Person(s) who observed the accident \_\_\_\_\_

General comments

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