

**CHILD AND YOUTH SERVICES
Injury or Incident Report**

Name of Child:	Age:
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Date: MM/DD/YYYY / /	Time:	Location of Incident (playground, hallway, etc.):
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CYS Staff Observing Incident:

WITNESS (ES)	

Was Medical Treatment Required? Yes No Not Necessary

DESCRIPTION OF INCIDENT
(Continue on separate page if necessary)

ACTION TAKEN

Parent Notified: Yes No Unable to Reach Initials: _____

PARENT/GUARDIAN

Yes, I have read this report of the incident:

Signature _____ Date: / /

Comments _____

CYC PERSONNEL

Signature (Staff/Provider) Date / /	Signature (Witness) Date / /
Signature (Program Director) Date / /	Signature (Witness) Date / /