

PICAYUNE SCHOOL DISTRICT EARLY HEAD START/ HEAD START
Health/Safety Report

Date _____

Time _____

Teacher's name _____

Room# _____

Witness(es) _____

Injured child/children _____

Injured site(s) _____

1. What happened: _____

2. How it happened: _____

3. When injury occurred: _____

_____ initials

Teacher's actions _____

_____ initials

Nurse Notes _____

_____ initials

Safety notes _____

_____ initials

Teacher's Signature

Nurse Signature

Health & Safety Signature

Date/Time _____

Date/Time _____

Date/Time _____

Parent Signature _____

Date/Time _____