Health Check Report

Site Name: ___________________________________________ Date: ________________________________

Child’s Name: ________________________________________ Teacher’s Name: __________________________

Reported by: _________________________________________ Reported to: ________________________________

Type of injury:

- Cut
- Bruise/Swelling
- Puncture
- Scrape
- Bite
- Scratch
- Bump
- Rash

- Other (specify): ______________________________________

Parent/Guardian/Caregiver Signature: ________________________________

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