

Otter Tail County Child Care Licensing
530 Fir Ave W., Fergus Falls MN 56537

SERIOUS INJURY / ACCIDENT REPORT FORM *
9502.0375 Subp. 2,D

DATE: _____ PHONE: _____

CHILD CARE PROVIDER: _____

ADDRESS: _____

CHILD(REN) INJURED/ _____
DATE(S) OF BIRTH: _____

DATE AND TIME OF INJURY: _____

DATE AND TIME PARENTS NOTIFIED: _____

EXPLANATION OF INJURY – HOW INJURY OCCURRED – Please be detailed, include if incident observed, by whom, and steps taken following injury:** _____

HOSPITAL ADMISSION REQUIRED? YES _____ NO _____

NAME OF DOCTOR / MEDICAL PROFESSIONAL: _____

MEDICAL FACILITY: _____

PARENT(S) NAME: _____

ADDRESS: _____

PHONE NUMBER: HOME: _____ WORK: _____

Signature of Child Care Provider

Signature of Parent

*Please call your licensor to report serious injury immediately (within 24 hours of injury) and follow up with mailing in this written report within 48 hours of injury.

** Please use back of form and / or additional sheets of paper as needed.