



Parent-Child Development Corporation
Bridges Head Start/Early Head Start/Smart Start
Health Status / Illness / Injury Report



Child's Name _____ Date _____

Nature and Description of Illness or Injury _____

Date Incident Reported: _____ Time Incident Occurred: _____

Staff Action Taken or Treatment Given _____

Name of staff person that handled situation: _____
Preventative measures taken to prevent future injury:

Staff Signature _____

Staff Signature _____

Parent Notification: Date: _____ Time: _____ Method(s): _____



Parent-Child Development Corporation
Bridges Head Start/Early Head Start/Smart Start
Health Status / Illness / Injury Report



Child's Name _____ Date _____

Nature and Description of Illness or Injury _____

Date Incident Reported: _____ Time Incident Occurred: _____

Staff Action Taken or Treatment Given _____

Name of staff person that handled situation: _____
Preventative measures taken to prevent future injury:

Staff Signature _____

Staff Signature _____

Parent Notification: Date: _____ Time: _____ Method(s): _____