

Minor Injuries include but are not limited to scrapes, abrasions, bumps, and bruises, and child bites not requiring medical attention.

In the case of a minor injury the following shall occur:

- the **provider** shall provide details in writing on this form;
- the **parent** shall be advised at the time of pick-up of the injury and
- the **parent** shall provide a signature verifying that they have been advised.

Child's name _____ Provider's name _____

Date of injury _____ Time of injury _____

Where did the injury occur _____

Describe what happened _____

Describe injury _____

Describe action taken _____

Parent's signature _____ Provider's signature _____ Date _____

Collection and use of personal information

This personal information is being collected in accordance with the *Municipal Government Act* and the *Family and Community Support Services Act*. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. It will be used to ensure a record of any minor injuries occurring to children in care. If you have any questions about the collection and use of the information, contact Coordinator, Family Supports at 780-464-4044.

Office use only

Agency personnel signature _____ Date _____

Follow-up required? no yes ► if yes, follow-up must be completed within 10 working days.

Follow-up results (include dates and procedures) _____
