



Makakilo Baptist Church Preschool

92-611 Makakilo Drive, Kapolei, HI 96707

Phone: (808) 672-3505 Fax: 672-5501

HOME INJURY: REPORTED ON _____
DATE

My/our child, _____

Was injured while in our care when he/she _____

Describe location & type of injury, for example: "got scratched above left eye by cat"

DATE: OF INJURY _____; **OF TREATMENT** _____

HOW TREATED: _____

WHERE: home emergency room Dr.'s office

PARENT'S STATEMENT: "I hereby verify that my/our child, _____ was injured while in our/ my care and that the above information is true to the best of my/our recollection.

PARENT: _____ **DATE:** _____
Signature

RECEIVED BY: _____ **DATE:** _____
Preschool staff name