TEXAS
Health and Human Services

Form 7239
April 2018-E

Incident/Illness Report

Use this form to collect all required information when a child sustains an injury, at the onset of an illness, or reportable incident.

Directions: The employee who observes the incident completes and signs the form. Parents are provided the form within 48 hours of the incident/injury. The day care provider keeps the form on file at the child care facility.

General Information

Caregiver in Charge:	Director's Name:	Child's Full Name:	Child's Date of Birth:

Time Parent Notified: ☐ AM ☐ PM	Date of Incident/Illness:	Location of Incident/Illness:	Time of Incident/Illness: ☐ AM ☐ PM

Licensing Notified, if Required ☐ Yes ☐ No	Date:	Time:	By:

Parent or Guardian Name:	Parent Area Code and Telephone No.:

Was Medical Attention Required? ☐ Yes ☐ No Date: _____ Time: _____	Was EMS called? ☐ Yes ☐ No Time called: _____ Was Child Transported? ☐ Yes ☐ No	Doctor Called by Operation? ☐ Yes ☐ No Time: _____ Doctor Recommendation:

Was First Aid Provided? ☐ Yes ☐ No What was done?

Child's Doctor:	Doctor's Area Code and Telephone No.:	Did child see his/her doctor? ☐ Yes ☐ No	Diagnosis:

Details of Incident/Illness

Describe the injury or risk to child:

How did the incident/injury occur?

Additional staff present and/or witness to the incident/injury:

Details of Onset of Illness While in Care

Type of illness:		
If communicable, all parents notified? ☐ Yes ☐ No Notified by: _____	Does the illness require exclusion from care? ☐ Yes ☐ No	Health Department notified? ☐ Yes ☐ No Date: _____
Allergy plan enacted? ☐ Yes ☐ No	Medication given:	Temperature of child:

Signature of Staff completing report: Date:	Signature of Director: Date:

Parent or Guardian Acknowledgment

I verify that the director/person in charge appropriately relayed the information concerning the incident/injury concerning my child. I have received a copy of this report.
Signature of Parent or Legal Guardian: Date Signed:

Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security

A form for recording the location, size, and nature of a child's injury.

Child's Name: _____

Date: _____

Comments: _____

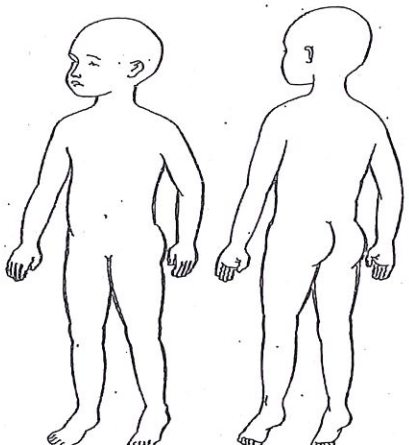
Nature of injury: _____

Size of Injury: _____

Color of Injury: _____

Reported By: _____

Left:



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