



Head-to-Toe Injury Report Form

Participant Name: _____ Date: _____ Time: _____

Staff Name: _____ Location: _____

Injury Description:

Head-to-Toe Checklist:

Body Area	Injury Observed (Yes/No)	Notes/Description
Head/Face		
Torso/Chest/Back		
Arms/Hands		
Legs/Feet		
Other		

Follow-Up Action Taken:

Staff Signature: _____ Date: _____

Participant/Family Signature: _____ Date: _____