



If medical treatment was obtained:

Type of treatment (check all that apply): Emergency Room Hospital Admission Primary Care doctor visit

Other:

Name of attending physician:

Date first consulted:

Contact information:

Name of hospital that treated the child:

Date of admission:

Address:

Date of discharge:

Diagnosis and treatment given *(please attach pertinent documentation, such as discharge papers, if available)*:

Results of examination, including X-rays, neurological findings, etc.:

Prognosis and follow-up care required; indicate if permanent disability has resulted or will result:

If police responded to the incident or if police notification was required, made or indicated:

Police Precinct Name:

Number:

Address:

City:

State:

Zip:

Responding Officer's Name:

Badge #:

Police Report #:

Police action taken, if any:

Additional information:

Was the FCLS Attorney notified? Yes *(provide name and number below)* No *(please explain below)*

Was the Attorney for the Child notified? Yes *(provide name and number below)* No

Attorney's Name:

Phone:

Is legal action being contemplated? Yes *(state by whom below)* No

Name:

Has the incident attracted media attention? Yes *(state by whom below)* No
