

**Incident Form**

Child       Adult       Member of staff

Date \_\_\_\_\_

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

Place incident occurred \_\_\_\_\_

Explain fully the events leading up to the incident and the incident itself

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Witnessed by

\_\_\_\_\_

Is there anything we could do to prevent this happening again?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff signature \_\_\_\_\_

Manager signature \_\_\_\_\_

Parent signature \_\_\_\_\_

**Accident Form**

Child       Adult       Member of staff

Date \_\_\_\_\_

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_

Place accident occurred \_\_\_\_\_

Explain fully the events leading up to the accident and the accident itself

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Witnessed by

\_\_\_\_\_

What treatment did you provide for the casualty? \_\_\_\_\_

Who provided the treatment? \_\_\_\_\_

Give details of further medical treatment required ? \_\_\_\_\_

**Contact the parent immediately if this has resulted in a head injury or if further medical treatment is required**

Is there anything we could do to prevent this happening again?

---

---

---

Is a \*piece of furniture / \*resource / \*toy (\*delete as necessary) to fault?

Yes  No

If yes, have you removed this?

Yes  No

Give details \_\_\_\_\_  
\_\_\_\_\_

Staff signature \_\_\_\_\_

Manager signature \_\_\_\_\_

Parent signature \_\_\_\_\_