



Name:

Date of Birth:

Date and time of treatment

Location

Who was present?

Description of the incident/accident

Description of any treatment given

Who administered first aid?

What happened after first aid was administered?

<input type="checkbox"/> The child returned to play	<input type="checkbox"/> The child went to hospital
<input type="checkbox"/> The child went home	<input type="checkbox"/> Other
<input type="checkbox"/> The child went to the doctor/ medical practitioner	

When were the parents/ carers informed?

<input type="checkbox"/> Immediately	<input type="checkbox"/> On collection	<input type="checkbox"/> Other
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Who else needs to be informed?

Has a risk assesment been carried out to prevent future incidents/accidents?

Staff signature:

Date:

Parent/carer signature:

Date: