**ACCIDENT/INCIDENT REPORT**

DATE AND TIME OF ACCIDENT/INCIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOCATION OF ACCIDENT/INCIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSON/PEOPLE INVOLVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WITNESSED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF INCIDENT:** *Include factual detail and child’s own words, not opinion*

**ACTION TAKEN:** *Describe what was done in response to the incident/accident and who by.*

**WAS ANYONE INJURED OR HURT? Yes / No**

**IF YES, DESCRIBE THEIR INJURIES OR SYMPTOMS** *You may wish to draw a sketch to show the location of visible injuries or where a child indicates pain or discomfort.*

**WHAT ACTION WAS TAKEN?**

**Signature of responsible adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents informed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_**

**WAS MEDICAL ASSISTANCE REQUIRED? Yes / No**

**DESCRIBE ACTION TAKEN**

**Parents informed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Time**

**FURTHER ACTION REQUIRED?** *Does risk assessment need reviewing? First aid box replenishing? Follow up by registered leader?*

**FORM COMPLETED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**