

Accident/Incident Record



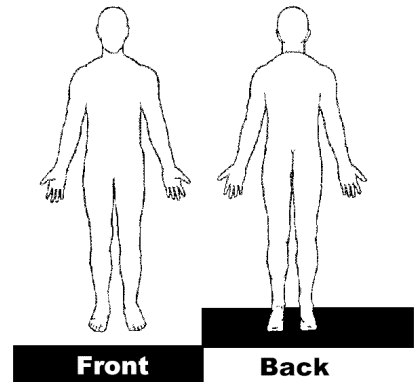
Child's Name: _____ Date of birth: _____

Date and time of accident/incident: _____

Place where accident/incident took place: _____

Description of what happened: _____

Nature of injury: _____



Details of first aid given: _____

Further action taken if any (i.e. medical attention, Ofsted informed) _____

Condition of child following the accident/incident: _____

Witness (if any) signature: _____ Date: _____

Tithe Barn staff signature: _____ Date: _____

Parent/guardian/carer signature: _____ Date: _____

If following this accident or incident, you have further concerns regarding your child's condition –