

Accident Reporting Form

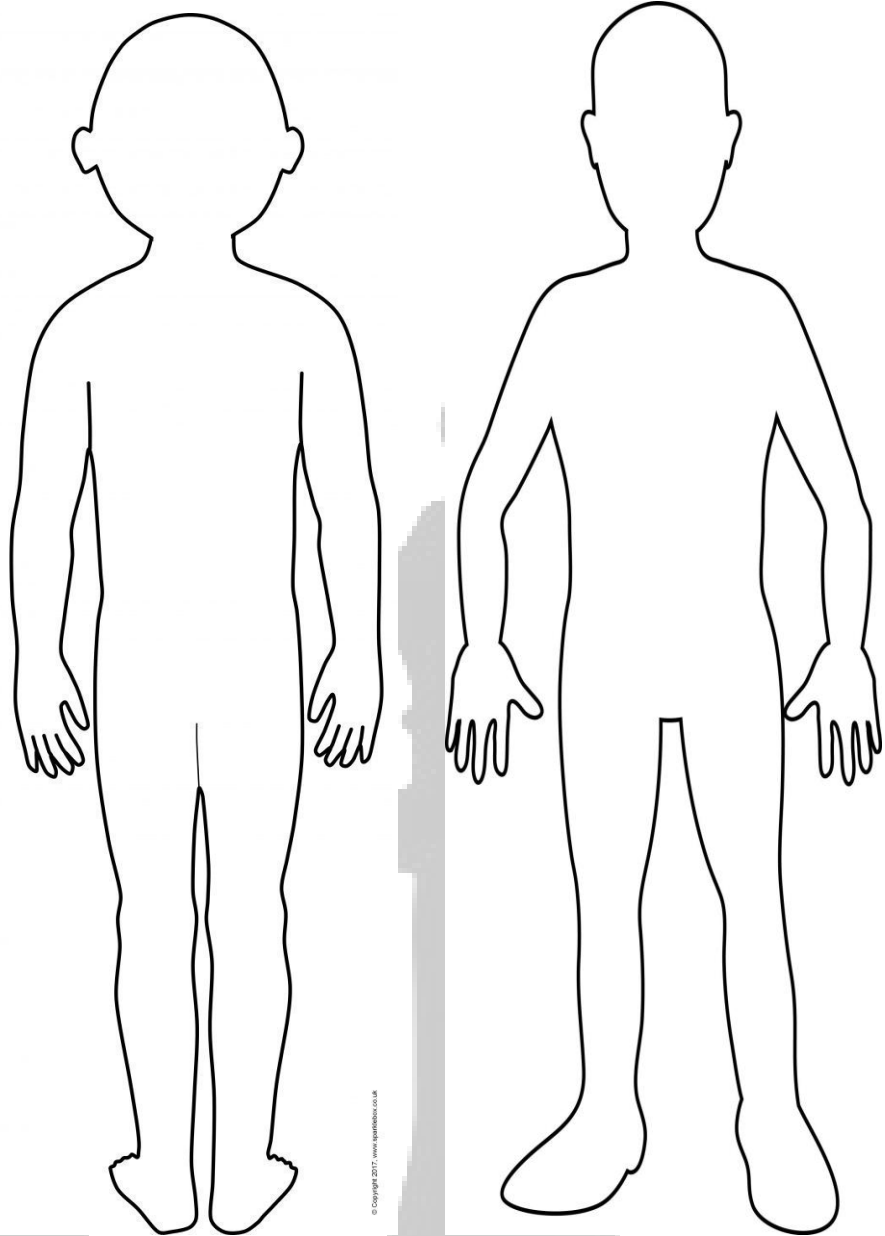
In the event of an accident, the following procedure should be followed:

- Fill in 2 copies of the accident reporting form for **ALL** accidents.
- Contact parents/guardians.
- One copy of form to incident book/folder.
- Forward 1 copy to designated carer/ parent for record keeping/action required.
- Contact emergency services/GP if required.
- Record in detail all facts surrounding the accident, witness's etc.
- Any further action.
- Sign off on any action required from senior management officer.
- Notify Ofsted if child required medical treatment.

When completing the form, it is best not to leave blanks, but put N/A or None.

Injured person information:	
Full Name of injured child/young person:	
Place Incident/ Accident Occurred: (Include Address and exact location at premises e.g. playground)	
Time and Date of Accident/ Incident:	
Time Parent Notified of Accident/ Incident:	
Full Description of How the Accident/ Incident Occurred:	
Layout of the Accident/ Incident: (Draw a Picture, if possible.)	
Actions Taken and Treatment Given: (If cold compress applied, how long for? Was an ambulance called? If not, why not?)	
Date Notified to Ofsted (if child required medical treatment):	

Full Record of Injury:
 (Include estimate of size of bump/ cut/ abrasion/ bruising if any and remember to mark position of injury on diagram. Did child lose consciousness? Were they dizzy? Were they nauseous or vomit?)



Full Name of Witness:

Address:

Email Address:

Telephone Number:

Signature:

Carer Signature:

Parent Signature:

