

Village End - Incident/Accident Form



N.B. As per our Safeguarding and Confidentiality policies, we are unable to provide the actual name/s of any other individuals involved. A separate form must be completed for each child.

Please circle: ACCIDENT / INCIDENT / EXISTING INJURY

Name of Child:	
Date of accident/incident:	Time of accident/incident:
Place where accident/incident occurred:	
Description of circumstances leading to the accident/incident:	
Record of injury and action taken: <i>(Include drawing of exact location of injury)</i>	
<i>(In the event of a head injury, review the child's condition after 15 minutes and then continue to review at 15 minute intervals if you have any concerns)</i>	
Name of staff who dealt with accident/incident:	
Signature:	Date & Time:
Name of staff witness:	
Witness Signature:	Date & Time:
Name of Parent/Carer informed:	
Parents Signature:	Date & Time:
Manager's Notes: <i>(Risk Assessment/Remedial Action)</i>	