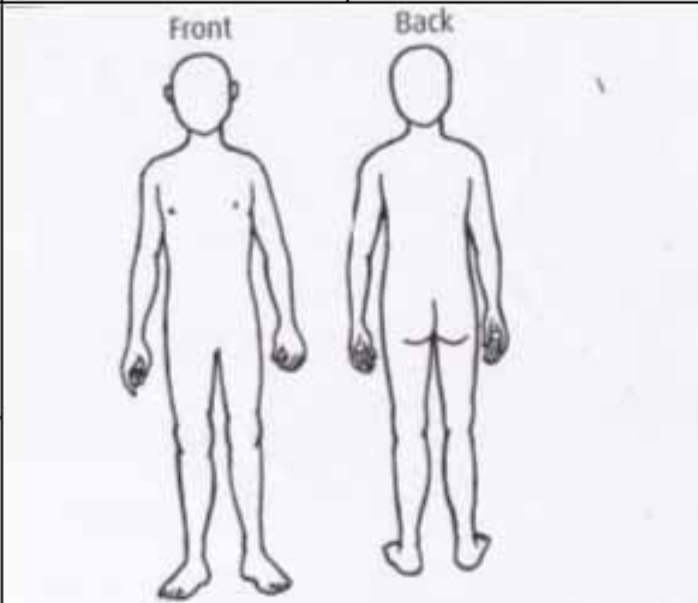


Template for Accident form - Relating to Standard 7.7 – 7.11

Only one child should be named per incident form. This form can also be used for staff.

Name in full		Signature of person who saw and dealt with accident	Date:
Date of birth		Signature of witness (if one)	Date:
Date and time of accident		Signature of parent/carer	Date:
Exactly where accident happened		Action to be taken as a result (if any)	
Description of accident		 <p>Front Back</p> <p>Mark the area of the body which had the injury.</p>	
Description of injury, care given and by whom			