**Incident Report Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Childs name | | | | |  | | | | | | | | | Age | | | |  | Sex | | | M |  | F |  |
| Form issued by | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Specific accident information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date |  | | | | | | Time |  | | | | | Location | |  | | | | | | | | | | |
| Witnesses |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent notified by | | | | |  | | | | | | | | | | | Time | |  | | | | | | | |
| **Type of injury** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cut/scrape | |  | puncture | | | | | |  | | | Fracture/dislocation | | | | | |  | | head | | | | |  |
| Bump/bruise | |  | Splinter | | | | | |  | | | Choking | | | | | |  | | Nose | | | | |  |
| Bite | |  | Burn | | | | | |  | | | Eye | | | | | |  | | Poisoning | | | | |  |
| Sprain/strain | |  | Dental injury | | | | | |  | | | concussion | | | | | |  | | Other | | | | |  |
| **Cause of injury** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fall from Hight | | |  | Burn | | | | | |  | Trapped/Caught in | | | | | | |  | | Another child | | | | |  |
| Climbing | | |  | Hit or bumped by object | | | | | |  | Human bite | | | | | | |  | | Other | | | | |  |
| running | | |  | Splinter | | | | | |  | Sharp object | | | | | | |  | |  |
| **Area of body injured** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Front Back** | | | | | | | | | | | | Additional information/ comments.  Incident details including and First Aid administered, or further action required as a result of the incident. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Parents signature | | | | | |  | | | | | | | | | | | Date | | | |  | | | | |
| Key Worker signature | | | | | |  | | | | | | | | | | | Date | | | |  | | | | |
| Witness signature | | | | | |  | | | | | | | | | | | Date | | | |  | | | | |