**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  |  |