

Accident / Incident Log

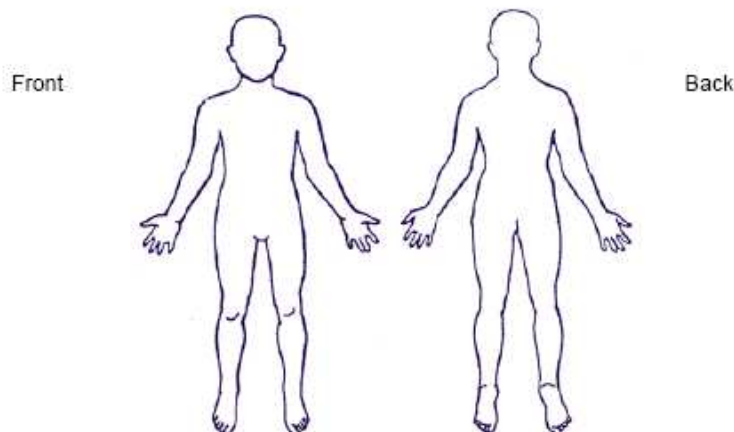
Date: _____ Time: _____

Full name of child: _____

DOB: _____

Description of accident(include events prior to accident, description of accident, details of injury and care given):

Please show the location of the injury



Name of person who dealt with the accident: _____

Signature: _____ Date: _____

Name of witness (If appropriate): _____

Signature: _____ Date: _____

Name of parent/carer: _____

Signature: _____ Date: _____

Further action

Do you need to make amendments to your risk assessment as a result of the accident?

Yes No

Does the accident need reporting to Ofsted?

Yes No

Does the accident need reporting to RIDDOR?

Yes No

Manager/Deputy manager signature: _____ Date: _____