

## Pupil Accident/Incident Report Form

Name	
Location	
Date	Time
<b>Briefly describe the incident</b>	
<b>If an injury was sustained, please indicate type of injury</b> Bruising, Sprain, Dislocation, scald) Please indicate part of the body most seriously injured (i.e. ankle, eye, head/ neck etc.)	
<b>Were there any witnesses?</b> If so, please give contact details:	
<b>Treatment Details</b> <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Hospital A&E <input type="checkbox"/> Occupational Health or Medical Centre <input type="checkbox"/> Advised to see own GP <input type="checkbox"/> Other – Please give details	
<b>Consequences of the Accident</b> Absence from school <input type="checkbox"/> If so for how many days? _____	
<b>Signature:</b>	<b>Date:</b>