

Appendix 3

Incident Report Form (Pupil)

Name of Pupil: _____ DOB: _____

Address:

Class: _____ Class Teacher: _____ (Tick if substitute)

Staff Member Reporting: _____ Post Held: _____

Details of Accident

Location: _____ Date: _____ Time: _____

How did the accident occur?

What was the presenting complaint/injury?

What action was taken/treatment given and by whom? (If pupil's parents/guardians were contacted, give details)

Witnesses (if any):

Other person(s) to whom incident was reported:

Action taken to prevent recurrence (if applicable)

Signed: _____ (Person Reporting) Date: _____

Were any after effects noticed/reported later on day of accident? Yes No
(If yes, give details of same and of any further action taken):

Was any resulting after effect reported by parent/guardian in days immediately following the accident?

Signed: _____ Class Teacher (Tick if substitute)

Date: _____

Signed: _____