Trinity Tots Nursery

Accident Report form

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| --- | --- | --- | --- | --- | --- |
| Child’s Full Name: |  | Date of birth: |  | First Aid Administered by:  |  |
| Date of Accident: |  | Time of Accident: |  | Accident witnessed by: |  |

|  |  |
| --- | --- |
| Where did accident occur?(be specific to the area of the room or garden) |  |

|  |  |
| --- | --- |
| Details of accident |  |
| Details of action taken, and if applicable the treatment given |  |
| Outcome of emergency actions |  |
| Any measures of reduction?If so, |  |
| Remaining Risk Severity | Low | Medium | High |

 

|  |  |
| --- | --- |
| Supervisor/Manager'ssignature: |  |
| Parent’s signature: |  |

 Remember to offer the parent/carer a copy of this report.

If a head injury or injury that needs inspected by a medical professional parents **MUST** receive a copy.

Do parents want/need a copy? **YES / NO** (please circle)