



K.C.C. Accident/Incident Report

Policies and Procedures: Appendix 6

This form is for potentially harmful events, behaviour incidents etc. and Injuries needing a GP, Ambulance or Hospital

Name of person filling out this form: _____

Child's name: _____ Date: _____ Time: _____

Other's involved: _____

Staff involved _____

What happened

Follow up action by (staff name/s) _____ Date _____

Details _____

Sign off

Programme Manager _____ Date _____

Supervisor _____ Date _____

Parent _____ Date _____

Please provide further information if recording an accident over the page.

Nature of injury (circle):

Abrasion Fracture Scratch Bruise Cut Concussion Burn Bite
Sprain Broken Bone Seizure

Other:

Parts of body injured: (eg. teeth, knee):

Side of Body: left right

Action taken after accident

First aid treatment provided by (name): _____

Details:

1. Parent/guardian notified by _____
2. Taken home by _____
3. Emergency vehicle called by: _____
4. Taken to hospital / doctor by: _____

Medical treatment provided by _____

Details

What caused the accident?

What Action has been taken to prevent a recurrence?

Signed (Programme manager): _____ Date: _____

Supervisor in charge: _____ Date: _____

Parent: _____ Date: _____