



Incident Report

To be used for all accidents / incidents outside of setting provision

Date of incident:		Time of incident:	
--------------------------	--	--------------------------	--

Child's first name:	
Child's surname:	
Date of birth:	

Nature of incident:

Scratch	
Burn	
Bruise	
Other	

Explanation given by parent / career?	YES ()	NO ()
--	---------	--------

Location of incident:

--

Details of incident:

--

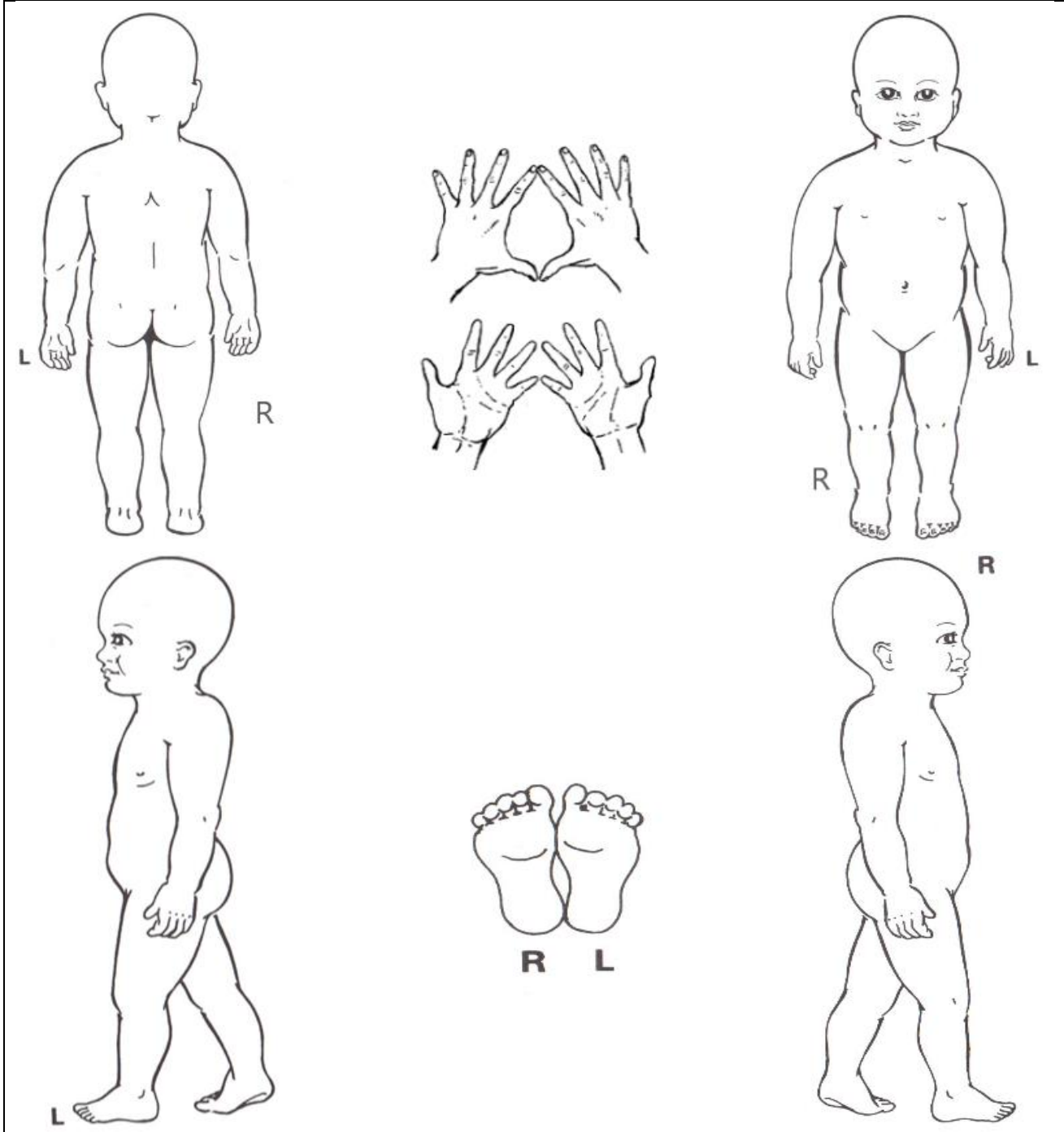
Staff name:	Staff Signature:	Date/time:
Parent name:	Parent Signature:	Date/time:

PLEASE CLICK THIS ICON TO COMPLETE THE FORM



Manager name:	Manager signature:	Date/time:
---------------	--------------------	------------

Location of injury on body (please circle appropriately)



PLEASE CLICK THIS ICON TO COMPLETE THE FORM

