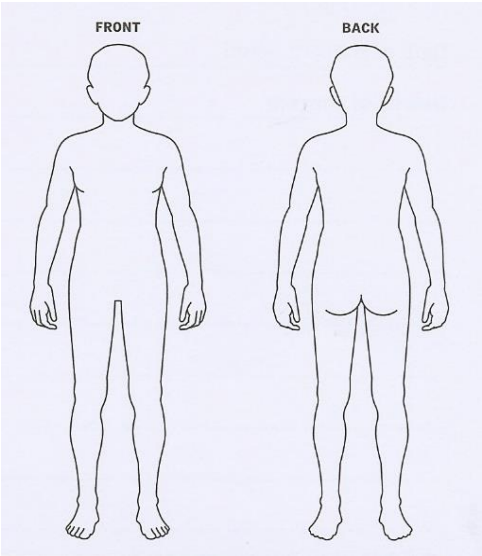


Accident form

Date	Name	D.O.B	
Staff present		Position	
Child / Parent / Staff member / Visitor (circle)			
Date and Time of Accident	Location	Equipment/resource	
Position of injury	Type of injury		
	What action was taken?		By whom?
	Give details of further medical treatment required or further observation? <i>Contact the parent/carer immediately if this has resulted in a head injury or if further medical treatment is required.</i>		
Parent/carer informed by telephone Yes No (circle)			
Describe fully the events leading up to the accident and the accident itself			
Is there anything we could do to prevent this happening again?			
Does the accident/injury require notification to:			
Regulatory body?	Yes	No	RIDDOR?
Date informed:	By:		Yes
Report number:			No
Staff signature	Parent/carer signature	Witness signature	Manager signature
Print	Print	Print	Print
Date	Date	Date	Date