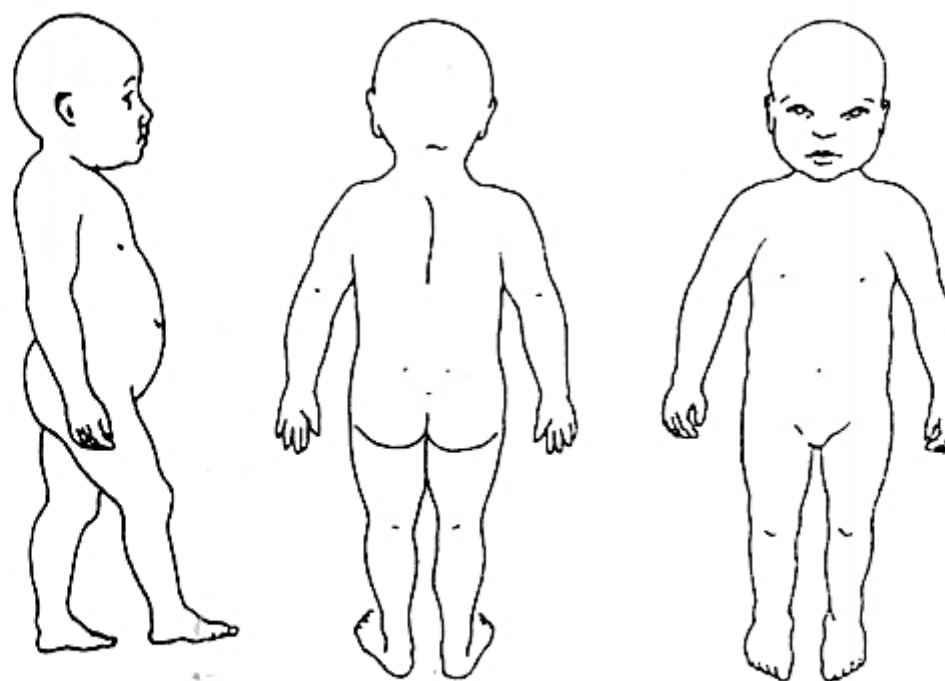
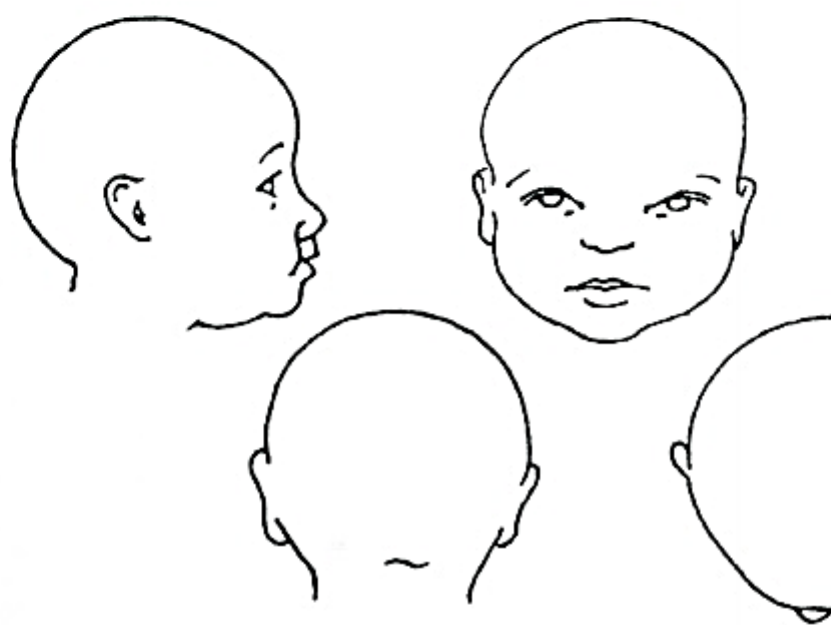


Child's Full Name:	Class
Date:	Time:
Where exactly did the accident happen?	
What happened?	
How did child react? Crying/quiet/Carried on as normal	
Witnesses:	
Type of Injury:	

Body Map



Treatment Given: Cold Compress Wound Cleansing wipe Plaster/dressing TLC Other:
Further Monitoring (what and who by):
Other related information:
Person who treated the child: Signed:
Member of staff it was reported to:
Were parents contacted? What time and How?
Advice Given:
I have been informed of the incident: Signed: Relationship to child: Name: Date:
Reported to SLT: Yes No Signed by SLT: