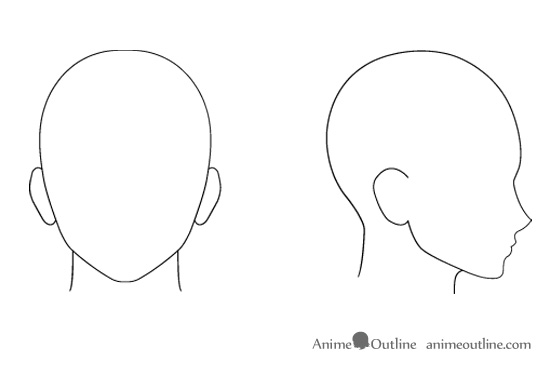
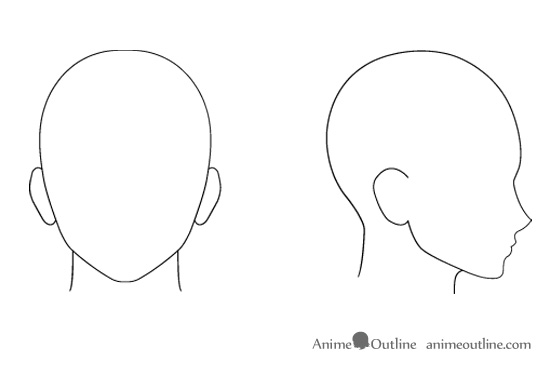
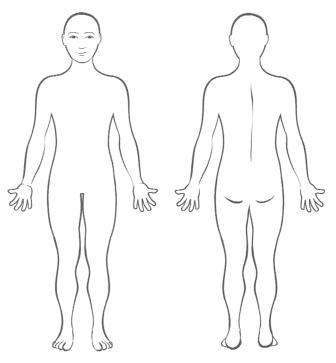
|  |
| --- |
| **ACCIDENT FORM** |

|  |  |
| --- | --- |
| **CHILD’S NAME (FIRST AND LAST)** |  |
| **DATE & TIME** |  |
| **WHERE AND HOW THE ACCIDENT OCCURRED** |  |
| **TYPE OF INJURY RECEIVED** |  |

**PART OF BODY INJURED:**



(Please indicate on diagram)

|  |  |
| --- | --- |
| **TREATMENT** (Please mark below)   1. Not required 2. Not wanted 3. Cold cloth 4. Cold cloth and bandaid 5. Basic cleaning only 6. Basic cleaning and bandaid 7. Sent home 8. General Practitioner (GP) 9. Accident & Emergency (Hospital) | Head Teacher’s Signature |
| Parent’s Signature |
| Witness’s Signature |