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| **SERIOUS HARM OR ILLNESS FORM** |

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| **CHILD’S NAME (FIRST AND LAST)** |  |
| **DATE & TIME OF INCIDENT** |  |
| **WHERE AND HOW THE INCIDENT OCCURRED** |  |
| **TYPE OF INJURY RECEIVED / SYMPTOMS OF ILLNESS** |  |

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| **TREATMENT** (Please mark below)   1. Cold cloth 2. Not required / not wanted 3. Doctor (GP) 4. Ambulance called 5. Accident & Emergency (Hospital) 6. Sent home | Witness’s Signature |
| Teacher’s Signature |
| Parent / Caregiver’s Signature |
| Supervisor’s Signature |
| ***Provide additional information if required.*** |  |