

Accident / Incident Report Form

Child's Name: _____ Date of birth: ___ / ___ / ___

Address: _____

Details of Accident/Incident

Date of accident/incident: _____ Time of accident/incident: _____

Description of accident/incident: (nature of any injury/illness etc.)

Who was present at time of accident/incident? _____

Witnesses of accident/incident: _____

Actions taken and by whom: _____

Parents/Guardian contacted Yes No

GP contacted Yes No

Ambulance / Hospital contacted Yes No

Comments/ any follow on action required: _____

Childminders Signature: _____ Date: ___ / ___ / ___

Parent/ Guardian Signature: _____ Date: ___ / ___ / ___

These forms should be easily accessible and kept in book format.