

**CHARTERS ANCASTER NURSERY AND FOREST SCHOOL
ACCIDENT/INCIDENT FORM**



Child's name :.....

Child's class:

Staff/Parent/Carer reporting incident :.....

ACCIDENT/INCIDENT DETAILS

Date:..... Time: Place:

Description of incident:

.....
.....
.....
.....
.....

Child treated by:

Action taken:

.....
.....

Signed: Date: Parents informed : Yes/No

Initial if incident is reportable under RIDDOR

Tick if risk assessment required

BODY MAP

Please indicate on the body map the location of the injury.