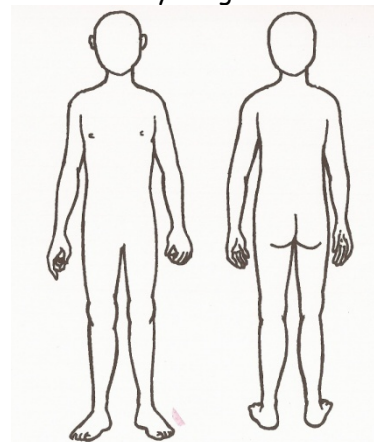


RECORD OF ACCIDENT or INCIDENT (a copy to be given to the parent)

| | | | |
|---|-------|---|---|
| Child's full name: | | Date & time of accident/incident: | |
| Place accident/incident occurred: | | Witnessed: Yes/No (Circle) | <p>Body Diagram</p>  <p>Mark the area of the body which had the injury</p> |
| Description of circumstances leading up to the accident/incident: | | | |
| Description of the injury and action taken: | | Condition of the child following the accident/incident: | |
| Practitioner's name & signature: | Date: | Parent's name & signature: | Date: |