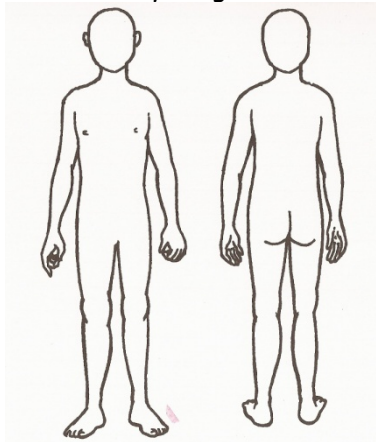


## RECORD OF ACCIDENT or INCIDENT (a copy to be given to the parent)

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: