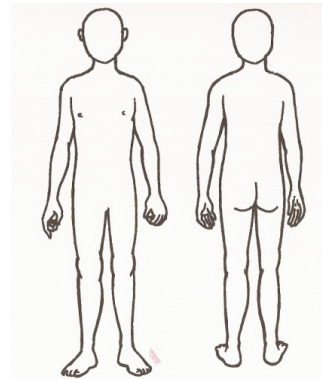


# **RECORD OF ACCIDENT or INCIDENT for a CHILD** (a copy to be given to the parent)

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