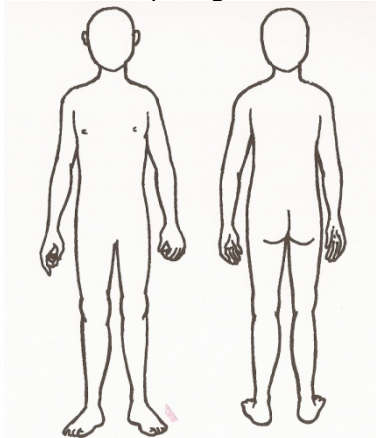


## RECORD OF ACCIDENT or INCIDENT for an ADULT

Adult'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: 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 adult following the accident/incident:	
Manager's name & signature:		Date:		Adult's name & signature:	
				Date:	