ACCIDENT, INCIDENT & ILLNESS REGISTER  LEA Accident report No. (if applicable)												Accident report No. (if applicable)	Slip Number	Additional Comments & Follow-up Action Required	First aid administered by (Please Print) Incident witnessed by (Please Print) Slip completed by (Please Print)	Completion Instructions
Dat	e ails of Treatme	Time		Pupil Nar	me				Clas	ss / Form Location of Accident/Incident	t	LEA Accident Report No. (If Applicable)			First aid administered by (Please Print)	Please write legibly and in BLOCK CAPITALS
	itional Comme								Nai	me of parent/carer ntacted (if applicable)		F2508 Completed			Incident witnessed by (Please Print)  Slip completed by (Please Print)	On the Report Slip
										ntacted (if applicable)					First aid administered by (Please Print)	1) Record the time and date of the incident.
a		l o					id to		should						Incident witnessed by (Please Print)	2) Write the name and class of the pupil concerned.
		Headache / High Temperature				Ę	l enough following First Aid to main in school	school.	child s	IMPORTANT	-	child suffer any omiting, impaired essive pain after			Slip completed by (Please Print)	3) The location of the incident.
	Sea	per				Parent Contacted Unable to contact Parent	/ing F	m sch	your c						First aid administered by (Please Print)  Incident witnessed by (Please Print)	Provide details of the treatment administered.
ruise	Vaus	lem	ury	а		tact	vollo hood	d fro	cto	FOR THE	returning home	e please consult			Slip completed by (Please Print)	1
Bump / Bruise	Vomiting / Nausea	gh	Head Injury Cut / Graze	Asthma	Other	Parent Contacted	ugh 1	was collected from		ATTENTION OF	your doctor of	r local hospital.			First aid administered by (Please Print)	<ul><li>5) Complete the next section by ticking the appropriate boxes.</li></ul>
m d	iting	H H	leac :ut /	Ast	Ó	ent (	ll eno	as co	e opii	THE PARENT /					Incident witnessed by (Please Print)	Write name of parent or childminder if they
B	Mo/	che	_   _			Pare ble	as we	M bii	₽	CARER	Authorised				Slip completed by (Please Print)	have been contacted and the time.
		ada				Una	ld w	The child	si loc		Signature:				First aid administered by (Please Print)  Incident witnessed by (Please Print)	7) Enter LEA Accident Report Number if applicable.
		윈					The child was well errens		e school	ACCIDENT / INCI		PORT SLIP			Slip completed by (Please Print)	8) Tick box if F2508 has been completed.
							=		The	ILLNESS REPOR	T SLIP No				First aid administered by (Please Print)	On the Register
<i>≫</i>		90	~ %	<i>y</i>	~ %	)p	~\sqr	)>				\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Incident witnessed by (Please Print)	
(A)	(S)		@_	4	S	4	8		8			<b>3</b>			Slip completed by (Please Print)	9) Enter the slip number
															First aid administered by (Please Print)  Incident witnessed by (Please Print)	10) Make any additional comments and follow-up action required.
	l de	$\otimes$		∛	6	3	6	<b>%</b>	6						Slip completed by (Please Print)	11) Write the name of the person who
9	(S)		<b>S</b>	4	<b>&amp;</b>		<b>S</b>		S			<b>3</b>			First aid administered by (Please Print)	administered first aid.
															Incident witnessed by (Please Print)	12) Write the name of the person who witnessed
				<b>∛</b>		<b>∛</b>		∛	S						Slip completed by (Please Print)	the accident (if applicable).
9)	S		S				<u>ه</u>	4	8			2			First aid administered by (Please Print)  Incident witnessed by (Please Print)	13) Enter your name in the space provided.
															Slip completed by (Please Print)	Notes
	C.			<b>}</b>		<b>∛</b>		∛ /							First aid administered by (Please Print)	
9			(S)	4	<b>200</b>		<b></b>	4	8			2			Incident witnessed by (Please Print)	
															Slip completed by (Please Print)	
		3													First aid administered by (Please Print)  Incident witnessed by (Please Print)	
))*			<b>60</b>		<b>200</b>		<b>2</b>		(S)		(S)	2			Slip completed by (Please Print)	
															First aid administered by (Please Print)	
						}		∛ / /							Incident witnessed by (Please Print)	
))°	- B		<b>3</b>		S		S	4	<b>2</b>	<b>S</b> S	(S)	2			Slip completed by (Please Print)	-
				7												
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3						7										Chaot Number
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