



ACCIDENT, INCIDENT & ILLNESS REGISTER

LEA
Accident
report No.
(if applicable)

Date		Time		Pupil Name		Class / Form		Location of Accident/incident		LEA Accident Report No. (If Applicable)	
Details of Treatment and Additional Comments										F2508 Completed <input checked="" type="checkbox"/>	
										Time	
Name of parent/carer contacted (if applicable)											
<div><div><div>Bump / Bruise</div><div>Vomiting / Nausea</div><div>Nosebleed</div><div>Headache / High Temperature</div><div>Head Injury</div><div>Cut / Graze</div><div>Asthma</div><div>Other</div><div>Parent Contacted</div><div>Unable to contact Parent</div><div>The child was well enough following First Aid to remain in school</div><div>The child was collected from school.</div><div>The school is of the opinion that your child should consult a doctor</div></div><div><div>IMPORTANT</div><div>FOR THE ATTENTION OF THE PARENT / CARER</div><div>Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home please consult your doctor or local hospital.</div><div>Accident / Incident / Illness Report Slip</div></div><div><div>Authorised Signature:</div><div>REPORT SLIP No.</div></div></div>											



Slip Number	Additional Comments & Follow-up Action Required	First aid administered by (Please Print)
		Incident witnessed by (Please Print)
		Slip completed by (Please Print)
		First aid administered by (Please Print)
		Incident witnessed by (Please Print)
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		Incident witnessed by (Please Print)
		Slip completed by (Please Print)

Completion Instructions

Please write legibly and in BLOCK CAPITALS

On the Report Slip

- Record the time and date of the incident.
- Write the name and class of the pupil concerned.
- The location of the incident.
- Provide details of the treatment administered.
- Complete the next section by ticking the appropriate boxes.
- Write name of parent or childminder if they have been contacted and the time.
- Enter LEA Accident Report Number if applicable.
- Tick box if F2508 has been completed.

On the Register

- Enter the slip number
- Make any additional comments and follow-up action required.
- Write the name of the person who administered first aid.
- Write the name of the person who witnessed the accident (if applicable).
- Enter your name in the space provided.

Notes

Start Date	
Finish Date	
Sheet Number	