



Pupil Accident / Injury in School: Report

Please ensure this form is completed in detail. Parents/Carers receive the form on the day of the injury / accident and are advised to read carefully.

Pupil Details	
Name:	
Class Teacher:	
Date:	
Time of Accident and / or Injury:	
Injury / Accident details	
Injury / Accident details:	
Location of Injury / Accident:	
Treatment Given by First Aider:	
Signature:	
Head Injuries only - Any injury to the head is treated according to the First Aid Policy	
Your child was attended by the first aider and has shown signs of the following (ticked below):	
Dizziness	<input type="checkbox"/>
Drowsiness	<input type="checkbox"/>
Nausea / Sickness	<input type="checkbox"/>
Headache	<input type="checkbox"/>
Loss of Vision	<input type="checkbox"/>
Unconsciousness	<input type="checkbox"/>
Parents / Carers contacted	Time: <input type="text"/>
Parents / Carers collected child	Time: <input type="text"/>
Ambulance called	<input type="checkbox"/>
None of the above	Please continue to monitor your child for at least 24 hours
Additional Details, where necessary:	
Parents / Carers: Please check your child's injury and seek professional medical attention if you are at all concerned.	
Please note, a copy of this report is retained by school.	



Parents / Carers – please sign, detach and then return the following page to school to acknowledge receipt of this Accident / Injury Report and to let us know any additional information or actions we should be aware of.

Thank you

Accident / Injury Report Form

I acknowledge receipt of the Accident / Injury Form

Date:

Name of Child:

Follow-up actions taken by parent / carer, if applicable:

Additional Information for School to consider, if applicable:

Signature of Parent / Carer:

Name of Parent / Carer:

