**Accident/Incident Records**

**Child’s Name:**

Date of accident/incident: Time:

Where the accident/incident occurred:

Was the parent / carer notified of accident/incident:

Time:

What happened (how the accident/incident occurred):

Record of Injury:

Action(s) taken:

Date notified to Ofsted (if child required emergency medical treatment):

Name of witness: Telephone number:

Address:

Signature:

Name of witness: Telephone number:

Address:

Signature:

Coordinator’s signature: Date:

Parent’s signature: Date:

**Accident/Incident Records**

Existing Injuries Record (Those occurring outside of the Playgroup’s care):

**Child’s Name:**

Date of accident/incident: Time:

Where the accident/incident happen:

Date and Time childminder notified of accident/incident:

What happened (how the accident/incident occurred):

Record of Injury:

Action(s) taken:

Name of witness: Telephone number:

Address:

Signature:

Coordinator’s signature: Date:

Parent’s signature: Date