

**SCHOOL
LOGO
HERE**

School Name

1 Teaching Lane, Schoolsville, EDU C8

t. 00000 000000

e. info@yourwebaddress.co.uk

www.yourwebaddress.co.uk

Report No.

0001

**ACCIDENT, INCIDENT,
ILLNESS REPORT SLIP**



Date:	/ /	Time:	:	Child's Class:
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Child's Name:	
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Incident location in School:	
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Incident Details:	
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✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	FRONT	BACK
Bump / Bruise	Vomiting / Nausea	Nosebleed	Headache / High Temperature	Head Injury	Cut / Graze	Asthma	EPI Pen	Parent Contacted	Unable to contact Parent	Following First Aid the Child was well enough to remain in School	The Child was collected from School	The School is of the opinion that your Child should consult a Doctor						

Treatment Administered:	
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First Aider:	Parent/Carer Contacted:
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Witness:	Collected by:
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Slip completed by:	Signature:
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IMPORTANT:

Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home please consult your Doctor or local Hospital.