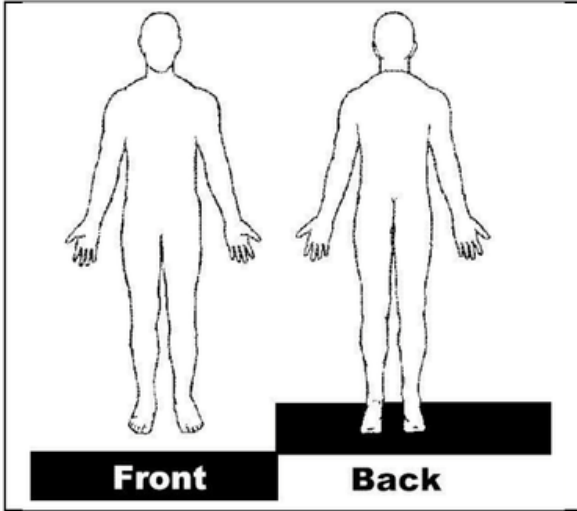


Accident form

Name of setting	Name of casualty	Area where accident took place

Time of accident: _____ date of accident: _____

witness to accident: _____

<p>Details of accident and injury sustained</p> <p>Note on diagram injury position</p>  <p>The diagram consists of two line drawings of a human figure. The left figure is shown from the front, with a black rectangular box below it labeled 'Front'. The right figure is shown from the back, with a black rectangular box below it labeled 'Back'.</p>

<p>Action taken – inform parent by telephone call – internal investigation – investigation by OFSTED – investigation by other agencies.</p>

<p>Treatment given</p>

Did injury require parent to be contacted? YES / NO Did injury require hospital treatment? YES / NO

Staff signature: _____ date: _____

Parent signature: _____ date: _____

Managers signature: _____ date: _____

office use only - Health and safety officer name _____

Date checked _____ signature _____ any actions implemented - YES / NO