



CONFIDENTIAL

Accident Report Form

Play Service

Part 1 – About the accident

Date of accident

Time of accident

Where on the premises did the accident take place?

Part 2 – About the injured person

Full name of injured person

Home address and postcode

Home telephone number

Date of birth

Age

Part 3 – About the injury

What was the injury?
(e.g. fracture, laceration)

What part of the body was injured?
(include left / right etc)

Part 4 – Describe what happened

Give as much detail as possible:
Continue on separate sheet if necessary

--

Treatment given and action taken:

--

Name of child's parent / carer:

Signature of parent / carer: Date:

Name of person completing form:

Signature: Date:

Tick when completed

Risk assessment reviewed

Policies and procedures reviewed

Whilst every effort has been made to ensure the accuracy of the information provided, The Out of School Development Team cannot accept responsibility or liability for any errors which may have occurred. This form has been created as an **example only**.

Reviewed: 05.05.09