



Accident Form (Confidential)

Crèche

Play Service

About the accident

Date of accident

Time of accident

Where on the premises did the accident take place?

About the injured person

Full name of injured person

Home address and postcode

Home telephone number

Date of birth

Age

About the injury

What was the injury?
(E.g. fracture, burn, laceration, head injury)

What part of the body was injured?
(Explain clearly the area of the body that had the injury, describing the size and nature of the injury, for example: bruise on upper left arm the size of a 50p piece)

Describe exactly what happened

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

Sample

What treatment was given and what action was taken:

Sample

Name of child's parent / carer:

Signature of parent / carer: Date:

Name of person completing form:

Signature: Date:

Whilst every effort has been made to ensure the accuracy of the information provided, The Childcare Development Officer cannot accept responsibility or liability for any errors, which may have occurred. This has been created as a **Sample only**. Providers must write their own specific to their setting.