**Accident at Home Report**

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| --- | --- |
| Child’s Name: |  |
| Date of Accident: |  |
| Place Accident Occurred: |  |
| Nature of Accident: |  |
| Description of Injury: |  |
| First Aid Administered: |  |
| Medicine/Treatment Required: |  |

Signed by Parent/Carer……………………………………………………Print Name……………………………………………….

Date:……………………………………………………..

Signed by Staff Member…………………………………………………..Print name……………………………………………….

Date……………………………………………………...