

**Incident Record**

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| **Record completed by:**  Name:  Address:  Postcode:  Role:  Tel: | | **Person involved in incident:**  Name:  Address:  Postcode:  Tel: |
| **Details of incident:**  Date: | | Time: |
| **Where did the incident occur?** | | |
| **Describe the events (*include specific nature of harm/injury)*:** | | |
| **Names of others present:** | | |
| **Other comments:** | | |
| **What actions were taken? *(Include any medical treatment, and whether incident was reported to 3rd party)*** | | |
| **Record completed by:** *(Signature)*  **Date:** | **Record read by:** *(Signature of parent or carer)*  **Date:** | |