

INCIDENT, ACCIDENT OR ILLNESS REPORT FORM

Name of Carer: _____

Is this an: incident accident or illness

Date & Time of incident/illness/accident : _____

Full Name of person involved in incident (injured/ill person first)

Name: _____ Contact no: _____ DOB: _____

Is this person a: Carer Parent Child Other: _____

If the person listed is a child, please supply:

Parent/Guardian Name: _____ Phone: _____

Address at which incident/illness/accident occurred: _____

What happened prior to the incident/accident/illness? _____

What happened during the incident/accident/illness? _____

Immediate action taken after the incident/accident/illness? _____

Accident/Illness/Incident first noticed at (time): _____ By (name): _____

And witnessed by (name): _____

Comment on the child's/person's state since the incident/accident/illness: _____
