ACCIDENT FORM

Little Garden Gate NURSERY

Child's Name: _____ Location of Accident: _____

Date of Birth: _____ Time of Accident: _____

Room/Class: _____ Date of Accident: _____

Description of Incident

(Provide a clear and factual account of what happened)

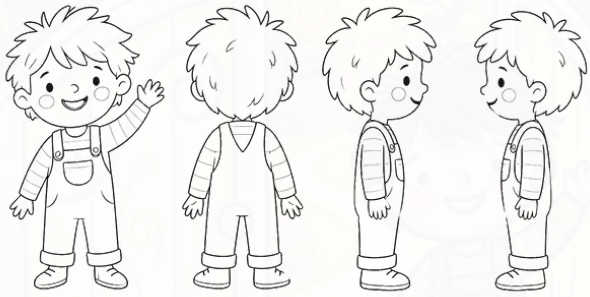
_____

_____

_____

Injury Details

- ○ Bump
- × Cut
- △ Bruise
- □ Scratch
- ✳ Other



First Aid / Action Taken

_____

_____

_____

_____

_____

Was Medical Treatment Required?

□ No

□ Yes → Details: _____

_____

_____

Witness(es) Name: _____

Name: _____

Staff Declaration

I confirm that the above information is accurate.

- Staff Name: _____
- Signature: _____
- Date: _____

Parent / Guardian Acknowledgement

I have been informed of this accident.

- Staff Name: _____
- Signature: _____
- Date: _____

OFSTED REQUIREMENTS

We are required to keep a written record of any accident, injury or illness and the action taken.
This record will be retained for a minimum of 3 years from the date of the incident (or until the child reaches the age of 25 if longer).
Ofsted may ask to see these records as part of an inspection to ensure the safety and welfare of children in our care.

Working together to help your child feel safe, happy and ready to learn. ♥