

Accident / Incident Report Form:

Name of the staff member present/responsible for session:

Place where accident / incident took place?

Date of the accident / incident?

Address of child injured / affected?

Nature of incident / accident? e.g. injury, suspected physical abuse, emotional abuse, neglect, sexual abuse, bullying

Give details on how and where the incident took place. What exactly did the child tell you? Don't lead the conversation or interrupt the child.

Any action taken? What were these actions? Who gave first aid?

What were the follow up actions? If taken to the hospital, who was accompanying the child?
If taken home, who took them home?

Were the following stakeholders informed, contacted?

Parent / family / guardian Yes / No	If yes – when? Date:
Police Yes / No	If yes - When? Date:
Social service or child protection department (this will vary from country to country). Yes / No	If yes – when? Date:

Ambulance: Yes / No	If yes – when? Date:
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All the information is exact and a true record of the accident / incident.

Signature:

Dated: