

Incident Outside of Sandcastle Nursery & Preschool Ltd

Child's Full Name:	DOB:
Date of the incident:	
Time of the incident:	
Where did the incident happen/ if at home where at home?	
Detailed description of events leading to the incident:	
Who was present when it happened – Print Name -	
Details of the injury (Please use the body map attached to number the injury/s and describe the size and the colour) 1. 2. 3. 4. 5.	
First aid given:	
GP name (which surgery and time visited) if applicable:	
Hospital (name hospital and time visited) if applicable:	
Name of parent/carer:	Position in family:
Signature parent/carer:	Date:
<u>To be completed by Practitioner</u> Date when noticed: Time when noticed: Practitioner who noticed injury Sign: Print: Witness if applicable Sign: Print: Signature of DSL/Deputy DSL: Print Name:	

