

Accident at home form

**To be completed by parent/carer**

Name of child..... Name of parent/carer.....

Today's date..... Date accident/injury occurred.....

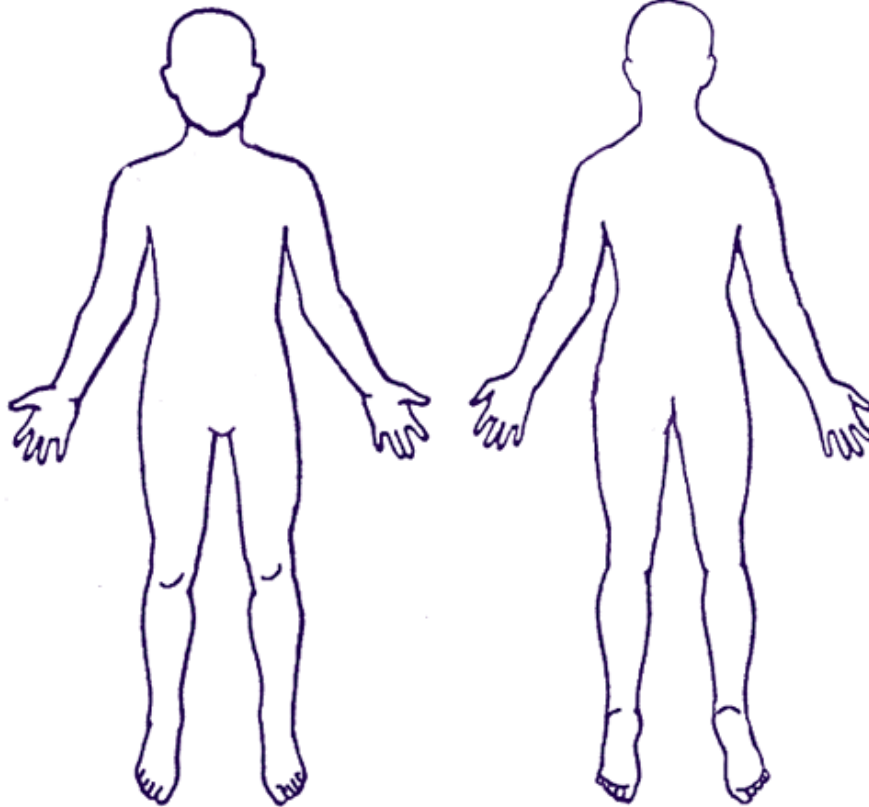
Nature of accident/injury (What happened?)

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.....  
.....  
.....

Please mark on the body image below where the injury/ visible marks are located.

Front

Back



Please describe the type of injury (ie bruise, scratch, raised mark)

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Signed by parent/carer..... Signed by staff.....

Please give this form to the person in charge to file in the office.