



NOTIFICATION OF ACCIDENT FORM

Date:

Time:

Dear Parent/Carer,

This is to inform you that your child had an accident at school today.

Child's Full Name:..... Class Name:.....

Location of accident:

Description of accident:

He/She has had a:			
Bump	<input type="checkbox"/>	Cut	<input type="checkbox"/>
Bruise	<input type="checkbox"/>	Graze	<input type="checkbox"/>
Other (please specify):			
.....			

First aid administered:			
Antiseptic wipe	<input type="checkbox"/>	Plaster	<input type="checkbox"/>
Ice pack	<input type="checkbox"/>	Observation	<input type="checkbox"/>
Other (please specify):			
.....			

Any additional information (if relevant):

.....

First aid administered by:

First Aid signature:

Yours sincerely,

Helen Roberts
Headteacher