



ACCIDENT AND FIRST AID REPORT

Date and Time of Accident/Injury.....

Child's name.....

What happened.....

.....

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Action Taken.....

.....

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Who was informed..... Time.....

Parent's Response/Instruction.....

.....

Medication given Yes No (if yes a Medication form must be completed)

Was the child taken to a Doctor/Hospital Yes No

If so: Where..... Time.....

Action taken by Medical Staff.....

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Educarer signature..... Date.....

Parent signature..... Date.....

Visiting Teacher signature..... Date.....

Please attach this form to your time sheet or forward to Home from Home

office or pass to visiting teacher.