

Accident At Home Report

This form needs to be completed for any accident which occurs at home.

Child's Name: _____

Date and Time of Accident: _____

Nature of Injury (please tick)

Bruise		Spot	
Graze		Scratch	
Bump		Bite Mark	
Cut		Other	

If Other please specify: _____

How did the injury happen? _____

Did you seek medical advice / attend hospital?

Yes		No	
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If yes please specify what advice / treatment was given

Position of Injury on the Body							
Head (back)		Head (front)		Head (side)		Head (other)	
Face (ear)		Face (eye)		Face (nose)		Face (mouth)	
Face (chin)		Face (cheek)		Face (other)			
Neck (front)		Neck (back)					
Shoulder (L)		Shoulder (R)		Genitals			
Chest		Bottom		Back		Tummy	
Arm (L)		Arm (R)		Leg (L)		Leg (R)	
Foot (L)		Foot (R)		Hand (L)		Hand (R)	

Where did injury occur?

Home (indoors)	bedroom	Home (outdoors)	
Car		Public Place (where?)	

Parent Signature _____ **Date** _____

Staff Signature _____ **Date** _____