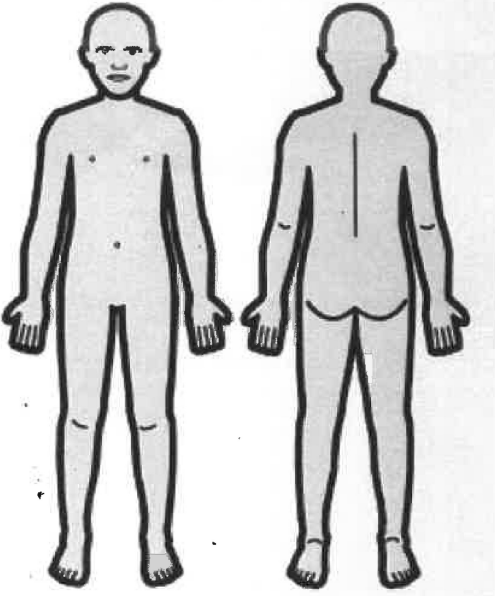


HORRABRIDGE PRIMARY & NURSERY SCHOOL

Incident Form

Name of child	Class:
Date	
Time	
Location of Incident	
Description of Incident	
Description of Treatment/Action taken	
Details of non-prescribed medication administered	
Member of Staff Dealing with the incident	

Show where injury is:

	<p>We made a thorough examination at the time and did not feel it was necessary to seek further medical advice or contact you immediately.</p> <p>Should your child still be in pain or present any other symptoms then it would be as well for you to consult your doctor or emergency department.</p> <p><u>Please return the slip below so that we know you have been made aware of the incident.</u></p>
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Pupils Name:

Class:

I confirm that I have received and read the Incident Form

Signed:

Date: