Incident & Illness Register

Date	Time	Pupils Name	Class / Form	Location of incident	LEA Accident Report No. (If applicable)
3/7	9:15	Andrea Lyons	5A	Classroom	

Details of Treatment and Additional Comments: First Aid Given — F2508 Completed ✓

Bump / Bruise	Vomiting / Nausea	Nosebleed	Headache / High temperature	Head injury	Cut / graze	Asthma	Other	Parent contacted	Unable to contact Parent.	The child was well enough following First Aid to remain in school.	The child was collected from school.	The school is of the opinion that your child should consult a Doctor.
		✓								✓		

Name of parent/carer contacted (if applicable): Mr Lyons — Time: 9:30

Date	Time	Pupils Name	Class / Form	Location of incident
4/7	11:10	James Brown	3C	Field

Details of Treatment and Additional Comments: First Aid Given — F2508 Completed ✓

Bump / Bruise	Vomiting / Nausea	Nosebleed	Headache / High temperature	Head injury	Cut / graze	Asthma	Other	Parent contacted	Unable to contact Parent.	The child was well enough following First Aid to remain in school.	The child was collected from school.	The school is of the opinion that your child should consult a Doctor.
					✓					✓		

Name of parent/carer contacted (if applicable): Mrs Brown — Time: 11:25

Date	Time	Pupils Name	Class / Form	Location of incident
7/7	10:00	Emma Jones	1B	Playground

Details of Treatment and Additional Comments: Ice pack — F2508 Completed ✓

Bump / Bruise	Vomiting / Nausea	Nosebleed	Headache / High temperature	Head injury	Cut / graze	Asthma	Other	Parent contacted	Unable to contact Parent.	The child was well enough following First Aid to remain in school.	The child was collected from school.	The school is of the opinion that your child should consult a Doctor.
✓										✓		

Name of parent/carer contacted (if applicable): N/A — Time: 10:15

IMPORTANT

FOR THE ATTENTION OF THE PARENT / CARER

Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home please consult your doctor or local hospital.

Authorised Signature:

Sample School
01270 500921

INCIDENT / ILLNESS REPORT SLIP — REPORT SLIP No. 000003

Signature:

Sample School
01270 500921

INCIDENT / ILLNESS REPORT SLIP — REPORT SLIP No. 000004

Signature:

Sample School
01270 500921

INCIDENT / ILLNESS REPORT SLIP — REPORT SLIP No. 000005

Signature:

Sample School
01270 500921

INCIDENT / ILLNESS REPORT SLIP — REPORT SLIP No. 000006

Signature:

Sample School
01270 500921

INCIDENT / ILLNESS REPORT SLIP — REPORT SLIP No. 000007

Signature:

Sample School
01270 500921

INCIDENT / ILLNESS REPORT SLIP — REPORT SLIP No. 000008

Slip Number	Additional Comments & Follow-up Action Required	First aid administered by (Please Print)	Incident witnessed by (Please Print)	Slip completed by (Please Print)
000001	No further action required	Mrs Williams	Mr Meyrick	Mr Weatherhill
000002	No further action required	Mrs Williams	Mrs Briggs	Mr Weatherhill
000003	No further action required	Mrs Williams	Mr Matthews	Mr Weatherhill
000004				
000005				
000006				
000007				
000008				

Completion Instructions

Please write legibly and in BLOCK CAPITALS

On the Report Slip

1) Record the time and date of the incident.
2) Write the name and class of the pupil concerned.
3) The location of the incident.
4) Provide details of the treatment administered.
5) Complete the next section by ticking the appropriate boxes.
6) Write name of parent or childminder if they have been contacted and the time.
7) Enter LEA Accident Report Number if applicable.
8) Tick box if F2508 has been completed.

On the Register

9) Enter the slip number.
10) Make any additional comments and follow-up action required.
11) Write the name of the person who administered first aid.
12) Write the name of the person who witnessed the incident (if applicable).
13) Enter your name in the space provided.

Notes

Start Date 3 / 7 / 2006

Finish Date

Sheet Number

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FORM: SAR 2 N REV - 8/06
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