

LONDON BOROUGH OF SOUTHWARK ACCIDENT /INCIDENT REPORT FORM FOR PUPILS

Please ensure **all** sections are completed and that the form is passed to the Key Manager. When this and the Accident Investigation form have been completed the Manager must forward this original to the Departmental Safety Adviser/ Nominated person **within 48 hours** of the incident. **For fatalities/ major injuries, the Departmental Safety Adviser should be contacted immediately.** Management to retain a copy of this form.

Name of School:	
Address:	
Type of School:	
Contact telephone number:	
Date of Incident:	Time of Incident:
Exact Location of Incident:	
Details of Incident:	
To whom reported (within school):	
Date:	Time:
Details of any witnesses:	

Pupil Involved

Surname:	First Names:	
Address:		
Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Nature of Injury and Part of Body affected (state left or right if appropriate)		
First-aid given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No. of hours tuition lost:		
Parents/guardian informed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was pupil taken to hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of person completing form:	
Signature	
Job Title:	Date:

To be completed by the Key Manager:

Investigation report completed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed:	Date:	
Name:	Tel:	