



ACCIDENT/ILLNESS/INCIDENT REPORT BOOK



YOUR SCHOOL LOGO HERE



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or email info@pixl.co.uk



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**ACCIDENT / INCIDENT /
 ILLNESS REPORT SLIP**

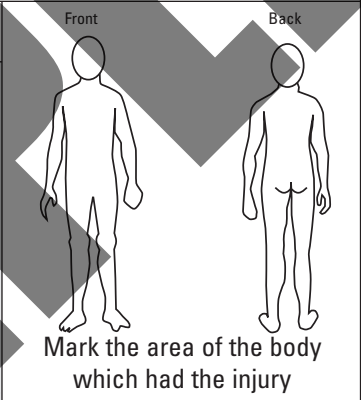
Date	Time :	Child's Name:	Class:
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Location in school of incident:	LEA Accident Report No (if applicable):
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Details of treatment and additional comments:

<input type="checkbox"/> Cold Compress	<input type="checkbox"/> Ice Pack Applied	<input type="checkbox"/> Medi Wipe	<input type="checkbox"/> Plaster Dressing Bandage	<input type="checkbox"/> Cleaned with Cold Water	<input type="checkbox"/> Asthma note sent	<input type="checkbox"/> Head note sent
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Bump / Bruise	Vomiting / Nausea	Nosebleed	Headache / High Temperature	Head Injury	Cut / Graze	Asthma	Other	Parent contacted	Unable to contact Parent	Following First Aid the child was well enough to remain in School	The child was collected from School	The School is of the opinion that your child should consult a Doctor
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First Aider Name:	Name of Parent / Carer contacted:	Time • •
Witness:	Collected by:	Time • •
Slip completed by:	Signature:	

IMPORTANT

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

REPORT SLIP No.



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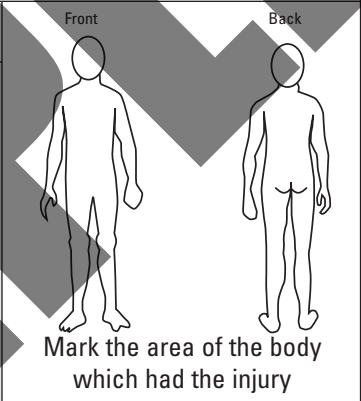
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REPORT SLIP No.

Additional Information:

Follow-up Action:
