

 **Incident Record ( for children in our care)**

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| **Record completed by:**Name: Address:  Postcode:Role: Tel:  | **Person involved in incident:**Name: Address:  Postcode:Tel:  |
| **Details of incident:**Date: | Time: |
| **Where did the incident occur?** |
| **Describe the events (*include specific nature of harm/injury)*:** |
| **Names of others present:** |
| **Other comments:** |
| **What actions were taken? *(Include any medical treatment, and whether incident was reported to 3rd party)*** |
| **Record completed by:** *(Signature)***Date:** | **Record read by:** *(Signature of parent or carer)***Date:** |