**Accident / Incident Report Form:**

Name of the staff member present/responsible for session:

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Place where accident / incident took place?

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Date of the accident / incident?

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Address of child injured / affected?

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Nature of incident / accident? e.g. injury, suspected physical abuse, emotional abuse, neglect, sexual abuse, bullying

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Give details on how and where the incident took place. What exactly did the child tell you? Don’t lead the conversation or interrupt the child.

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Any action taken? What were these actions? Who gave first aid?

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What were the follow up actions? If taken to the hospital, who was accompanying the child? If taken home, who took them home?

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 Were the following stakeholders informed, contacted?

| Parent / family / guardian Yes / No | If yes – when? Date:  |
| --- | --- |
| Police Yes / No | If yes - When? Date: |
| Social service or child protection department (this will vary from country to country). Yes / No | If yes – when?   Date: |
| Ambulance: Yes / No | If yes – when? Date: |

All the information is exact and a true record of the accident / incident.

Signature: Dated: