|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | | |
| Who was involved in the incident? (Please circle) | Child | Adult | Member of staff |
| Name |  | | |
| Date of birth |  | | |
| Date of incident |  | | |
| Time of incident |  | | |
| Place incident occurred |  | | |
| Explain fully the events leading up to the incident and the incident |  | | |
| Witnessed by |  | | |
| Is there anything we could do to prevent this happening again? |  | | |
| Staff signature |  | | |
| Manager’s signature |  | | |
| Parents comments |  | | |
| Parent’s signature & print name |  | | |