

## Child Accident at Home Report



Parents/ Carers are to complete this form if staff need to be informed of an injury sustained outside of the childcare setting.

Child's Name	
Date of accident	
Location of accident	
Nature of accident:	
Description of injury:	
Location of injury:	
Treatment given:	
Did this injury require an operation or overnight stay in hospital? (please tick)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ongoing medicine / treatment required:	

Signed		Position		Date	
Countersigned (if applicable)		Position		Date	
Parent/carer (signature)		Parent/carer (name)		Date	