

# Out of School Club Accident Record

*Accident tracking no:*

<b>Record completed by:</b> Name: Address:  <div style="text-align: right;">Postcode:</div> Job title: Tel:	<b>Person who had the accident</b> Name: Address:  <div style="text-align: right;">Postcode:</div> Tel:
<b>Details of accident:</b> Date:	Time:
<b>Where did the accident occur?</b>	
<b>Describe the events:</b>	
<b>Witnesses:</b>	
<b>Injuries suffered:</b>	
<b>Actions taken or treatment given:</b>	
<i>(In the event of a head injury, review the child's condition after 15 minutes and then continue to review at 15 minute intervals if you have any concerns.)</i>	
<b>Record completed by:</b>   <i>(Signature of Club's first aider)</i>	<b>Record read by:</b>   <i>(Signature of parent or carer)</i>

*This form should be filed with individual child records*