Early Years Insights

Inspire. Support. Grow.

ACCIDENT & INCIDENT RECORD TEMPLATE

Supporting children's safety and wellbeing

1. CHILD DETAILS

Child's Name: _____ Date of Birth: _____

Room / Group: _____

2. INCIDENT DETAILS

Date of Incident: _____ Time: _____

Location: _____

3. WHAT HAPPENED?

Please describe what happened, including activities taking place and any contributing factors.

_____

_____

_____

_____

4. INJURY DETAILS

Nature of Injury: _____

Part of Body Affected: _____

Was medical attention required? ☐ Yes ☐ No

If yes, what was done?

_____

_____

_____

5. FIRST AID GIVEN

First Aid Given By: _____

Position / Job Role: _____

Details of First Aid Given:

_____

_____

Was additional help or medical advice sought? ☐ Yes ☐ No

If yes, please give details: _____

_____

6. PARENT / CARER NOTIFICATION

Parent / Carer Name: _____

Date & Time Notified: _____

Method of Communication:

☐ In Person ☐ Phone Call ☐ Other _____

Name of Staff Who Notified: _____

Parent / Carer Comments:

_____

_____

_____

7. FOLLOW UP & ACTION

Any follow up required? ☐ Yes ☐ No

If yes, please give details: _____

_____

_____

Actions Taken / Next Steps:

_____

_____

Review Date (if applicable): _____

Reviewed By: _____

8. SIGNATURES

Staff Signature: _____

Print Name: _____

Date: _____

Parent / Carer Signature: _____

Print Name: _____

Date: _____

All accident and incident records are kept confidential and stored securely.

This template supports effective record keeping and helps us learn and improve to keep children safe.