**PUBLIC INCIDENT REPORTING FORM**

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| **DATE OF INCIDENT** | **TIME (state am/pm)** | **EXACT LOCATION OF ACTIVITY** |
|  |  |  |
| **ABOUT THE INJURED PERSON** | **NATURE OF INJURIES &TREATMENT GIVEN (Please state left or right)** |
| **Mr/Mrs/Miss/Ms****Surname:****Forename:****Address:****Postcode:****Tel No:** |  |
| **Doctor Recommended Yes/No****Ambulance Called Yes/No****Hospital Yes/No** |
| **Describe Accident and Cause. Record Minor/Major/Near Miss (Be Explicit) Ensure statements are taken from injured person and witnesses. (continue on reverse)****Take Photographs, if necessary.** |
|  |
| **Action taken to prevent recurrence (to be completed by Franchise)** |
|  |
| **Witness:** | **First Aider in Attendance:** |

|  |  |
| --- | --- |
| **Name:****Address:****Postcode:** | **Print Name:****Sign Name:** |
| **Teacher Signature** |
| **Sign:****Date** |
| **Franchise Manager Signature:** |
| **Sign:****Date** |

**(IF ANYONE REFUSES TREATMENT OR REFUSES TO SIGN THE FORM, PLEASE RECORD THIS)**

**Please ensure Parent reads form and sign below.**

**Parent/ Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**