

ROUGHTON UNDER 5'S PLAYGROUP		ROUGHTON UNDER 5'S PLAYGROUP	
PUPIL ACCIDENT/INJURY REPORT		PUPIL ACCIDENT/INJURY REPORT	
NAME OF CHILD	Date	Date	Time
	Name of child	Time	
INJURY DETAILS Bump to head Bump/bruise Cut/graze Sprains/strains Other	Asthma Headache/high temperature Vomiting/nausea Nosebleed	INJURY DETAILS Bump to head Bump/bruise Cut/graze Sprains/strains Other	Asthma Headache/high temperature Vomiting/nausea Nosebleed
DESCRIPTION OF ACCIDENT/INJURY			
TREATMENT DETAILS Ice pack Cleansing wipe Plaster	Bandage Gauze pad/tape Other	TREATMENT DETAILS Ice pack Cleansing wipe Plaster	Bandage Gauze pad/tape Other
Treatment given by –			
Witness –			
Parent/carer -			
IMPORTANT – HEAD INJURY ADVICE If your child suffers any drowsiness, vomiting, impaired vision or excessive pain returning home, seek professional medical help immediately.		IMPORTANT – HEAD INJURY ADVICE If your child suffers any drowsiness, vomiting, impaired vision or excessive pain returning home, seek professional medical help immediately.	