Section 5: 60. Incident Form

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| --- | --- | --- | --- |
| Date |  | | |
| Who was involved in the incident? (Please circle) | Child | Adult | Member of staff |
| Name |  | | |
| Date of birth |  | | |
| Date of incident |  | | |
| Time of incident |  | | |
| Place incident occurred |  | | |
| Explain fully the events leading up to the incident and the incident |  | | |
| Witnessed by |  | | |
| Is there anything we could do to prevent this happening again? |  | | |
| Staff signature |  | | |
| Manager signature |  | | |
| Parents’ comments |  | | |
| Parent signature & print name |  | | |

|  |  |  |
| --- | --- | --- |
| **This policy was adopted on** | **Signed on behalf of the nursery** | **Date for review** |
| *01/01/2020* | *Mrs S Bath (Director)* | *31/12/2021* |