

# IBTS

## Accident / serious incident / fight 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: (N/A?)  <div style="text-align: right;">Postcode: (N/A?)</div> Parent 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: (Signature)</b>   <b>Date:</b>	<b>Record read by: (Signature of parent or carer)</b>   <b>Date:</b>

*This form should be filed with individual child records*