



Section 5: Templates

67. Incident Form

We use NURSERY RESOURCES 3 ply duplicate incident forms and not the ones suggested below.

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 first introduced on

Signed on behalf of the Nursery

This policy has been reviewed on ?	Signed on behalf of the Nursery