

# Accident / Injury / Incident Form

Circle appropriate heading

Child's Name:			Date of Birth:	
Home Address:				
Date:		Time:		
Description:				
Location:				
Cause (if known):				
Name of those present at the time:				
Name of persons who witnessed the Accident / Injury / Incident:				
Number of children present (if any):	<input type="checkbox"/>			
Was the Parent / Guardian informed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Was General Practitioner contacted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
What Treatment was given?				
What Action was taken?				
Was medical aid sought?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes please give details:				
Childminder's Signature:			Date:	
Parent/ Guardian Signature:			Date:	
Copy to Parent / Guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



# First Aid Kit

## Contents

- Hypoallergenic plasters (12+)
- Sterile eye pads (2+)
- Individually wrapped triangular bandage (2+)
- Small individually wrapped sterile unmedicated wound dressing. (1+)
- Medium individually wrapped non-stick sterile undedicated wound dressings (1+)
- Individually wrapped antiseptic wipes
- Paramedic shears
- Latex gloves – non-powdered latex or Nitril gloves (latex free) (1 box)
- Sterile eye wash
- Fever scan thermometer (optional)
- Toughcut scissors (optional)

## First Aid Kit Checklist

Month	Date Checked	Items to be replaced	Date replaced	Signature
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

