

School Accident / Illness Report Slip

Report issued by:

Pupil's Name:

Date:

Time:

Class:

Location and details of accident/incident/illness

- Head injury
- Asthma
- Bump/Bruise
- Cut/Graze
- Headache/High temperature

- Vomiting/Nausea
- Sprain/Twist
- Nosebleed
- Stomach pain/Upset tummy
- Mouth injury/Toothache/Loose or missing tooth

- TLC applied
- Collected from school
- Parent/Carer contacted
- Unable to contact parent
- Well enough to stay in school after first aid

IMPORTANT: Please consult your doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home.

Details of treatment and additional comments:

Authorised signature: