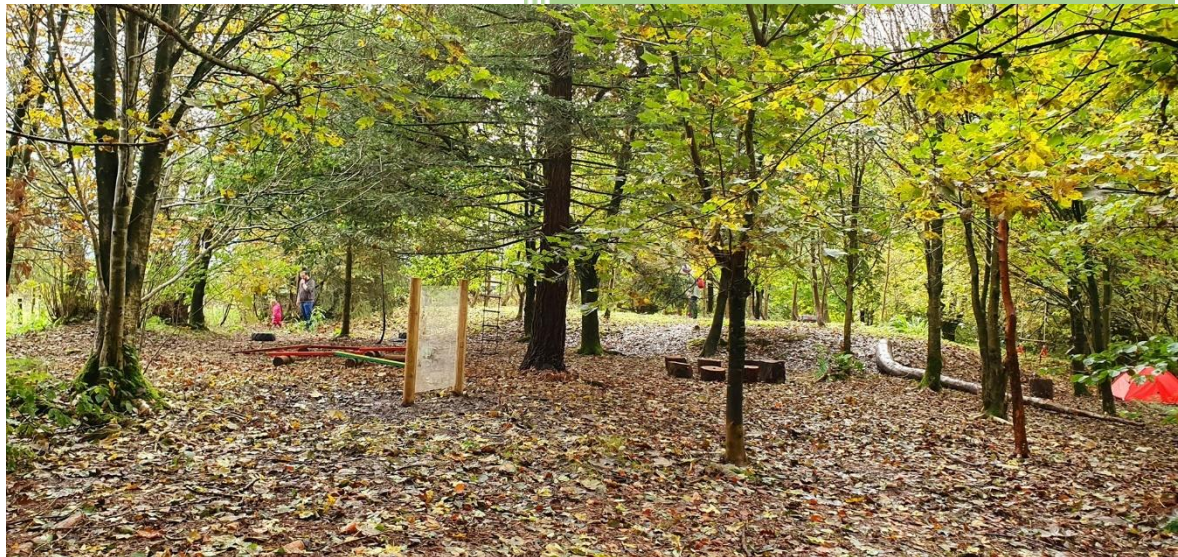


# Evergreen Forest Nursery



Accident,  
Incident and  
Medication Folder

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### Accident Form

Dear Parent/Guardian, There has been an accident at nursery today whilst your child has been in our care. We have a duty of care to inform you of the details. We have done everything we can to care for your child and to reassure them. If you child mentions something at home and you are not sure how to respond to them, please let us know.

|   |  |  |
|---|--|--|
| Child's Name:<br>Date of Birth:   |  |  |
| Date of accident:<br>Time of accident:  |  |  |
| Names of witnesses/ adults present:<br>Name 1:<br>Name 2:   |  |  |
| Description of the circumstances of the accident:<br><i>(Include what happened, where it happened, who was there, if you did not see it happen then state what you have been told happened and make a note of any visible marks such as red marks, cuts, swelling etc.)</i>   |  |  |
| How was the situation handled? (Compress, TLC, plaster etc..)   |  |  |
| Follow up observation-<br>Time:<br>Childs behaviour/how they are feeling/any comments:  |  |  |
| Parent informed:<br>In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other <input type="checkbox"/> _____  |  |  |
| Any other comments:   |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">                             Staff Signature: _____<br/>                             Date: _____                         </td> <td style="width: 50%; border: none;">                             Parent signature: _____<br/>                             Date: _____                         </td> </tr> </table> | Staff Signature: _____<br>Date: _____  | Parent signature: _____<br>Date: _____ |
| Staff Signature: _____<br>Date: _____   | Parent signature: _____<br>Date: _____ |  |

**Incident at Home Form**

This form is to provide information about an incident that happened at home and to report to staff to make staff aware of the accident and injury to the child. Please fill in the form below and provide all the relevant information. If medication is required to be administered at nursery by a member of a staff a separate medical administration permission form will also need to be completed.

|  |  |
|--|--|
| Child's Name:  |  |
| Date of Birth:   |  |
| Date of incident:  |  |
| Time of incident:  |  |
| Description of the location of the incident:   |  |
| Description of the circumstances of the incident: (bumps, bruising, swelling etc and the location on the body) |  |
| Any medication required:   |  |
| Special requirements: (changing of bandages, exclusion from activities, etc.)                                  |  |
| Any other comments:  |  |
| Staff Signature: _____<br>Date: _____  | Parent signature: _____<br>Date: _____ |

**Medication Administration Permission**

Name of child \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Name of child's condition/illness: \_\_\_\_\_

Name of medication/s: \_\_\_\_\_

Medication prescribed by: Doctor  Nurse  Pharmacist  Other

Length of course of the medication: \_\_\_\_\_

Storage details: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Time and dosage required: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Does medication need to be take on outings: Yes  No

Permission from parent/guardian to administer medication:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

| Date & time medication given | Dosage | Staff name/signature | Parent name/signature |
|------------------------------|--------|----------------------|-----------------------|
|                              |        |                      |                       |
|                              |        |                      |                       |
|                              |        |                      |                       |
|                              |        |                      |                       |
|                              |        |                      |                       |

Permission review date:

**WHEN TO USE THIS FOR:** record when the same medication needs to be administered regularly or over a number of sessions or more than once in a day, e.g., inhaler, antibiotics or creams. The permission must be reviewed regularly to ensure the medication is still required.

### First Aid Records

The government have set a requirement for all EYFS organisation to keep a record of any first aid administered to a child.

|  |
|--|
| Child's name and DOB:  |
| Time, date and place the aid was carried out:  |
| Witnesses/ Adults present:   |
| Why was First Aid administered?  |
| Who administered the First Aid?  |
| What happened next?<br>The child went, went back to play <input type="checkbox"/> went home <input type="checkbox"/> went to hospital <input type="checkbox"/><br>went to seek other medical attention <input type="checkbox"/> other <input type="checkbox"/> _____   |
| When parents/guardians/emergency contacts were informed?<br>Immediately <input type="checkbox"/> On collection <input type="checkbox"/> Other <input type="checkbox"/> _____   |
| Do any other services need to be informed? (if so please state below)<br>Ofsted <input type="checkbox"/> RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) <input type="checkbox"/> Insurance<br>company <input type="checkbox"/> LSCB (Lancashire Safeguarding Children Board) <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> _____ |
| Has a risk assessment been carried out, to aim to prevent the accident happening again? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  |
| Has the First Aid kit been replenished? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  |
| Staff Name: _____ Signature: _____ Date: _____<br>Parents Name: _____ Signature: _____ Date: _____   |

