Accident/Incident Record Form



Deutsche Samstagsschule Bristol

German Saturday Schools

Teachers, assistants, or committee members cannot administer any medications. Parents are

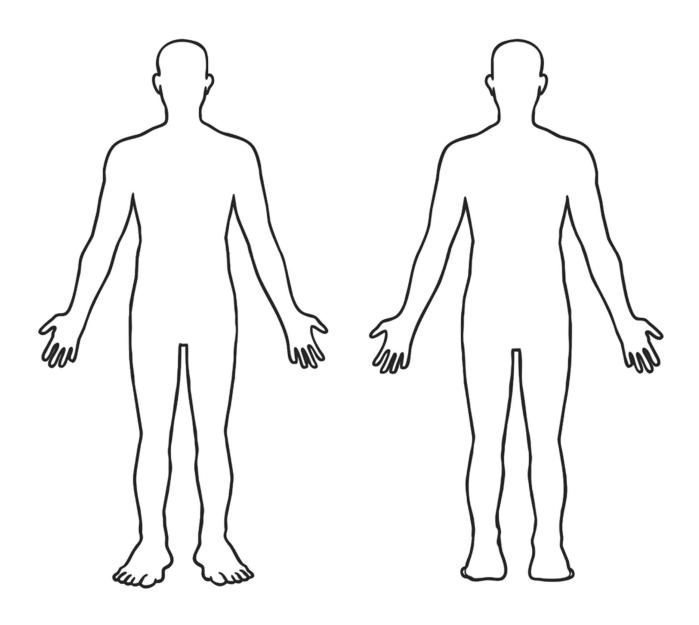
required	to	administer	any	medication	themsel	ves.

Name of child:					
Class:	Date and time of the accident/incident:				
Description of how and where the accident/incident occ	urred:				
Record of any injury, action taken, and first aid given:					
(please use body map at the back)					
Teacher name (print) and signature:	Date:				
Parent name (print) and signature:	Date:				
Name (print) and signature of witness to the incident: If applicable	Date:				





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