

ACCIDENT & INCIDENT REPORT FORM

DATE: 1

NAME OF STUDENT:

CLASS:

ADULT PRESENT OR ON DUTY:

PLACE OF ACCIDENT OR INCIDENT:

TIME OF INCIDENT OR ACCIDENT:

ACCIDENT OR INCIDENT:

Further actions:

Follow up:

Mrs J Dadswell/Administration: _____

Mr Howells _____

Date

Mr M Howells
Head of Wingate School

Date of Review: August 2025: