Norfolk County Council

MONTH __/YEAR __

Appendix 4E:NON EMPLOYEE ACCIDENT RECORD

NAME OF PREMISES **Avenue Junior School**

Date and Time of accident	**Name of Casualty**	**Status** (Parent, young person, contractor, visitor)	**Type of injury** (Bruise, burn, cut, head injury, insect bite, sprain, other)	**Location of Accident** (Playground, PE, D & T, arts/crafts, science, swimming, off site visit, other)	**Action Taken** (First-aid, doctor, hospital, etc)	**Signature**