**Pupil Incident Form (including near misses)**

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| **Group:** Click or tap here to enter text. | **Group Leader:** Click or tap here to enter text. |

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| **Name:** Click or tap here to enter text. | **House:** Choose an item. | **Year Group:** Choose an item. |
| **Activity undertaken:** Click or tap here to enter text. |
| **Date of incident:** Click or tap here to enter text. | **Time of incident:** Click or tap here to enter text. |
| **Location of incident:** Click or tap here to enter text. |
| **Nature of incident:** Click or tap here to enter text. |
| **Details of injuries:** Click or tap here to enter text. |
| **Names of others involved:** Click or tap here to enter text. |
| **Action taken, and by whom:** Click or tap here to enter text. |
| **Action pending, and by whom:** Click or tap here to enter text. |
| **Signature:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. |

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| **The individual completing the form is responsible for emailing copies to:** |
| 1. Medical Centre
2. Director of Sport
 | 1. Teacher in charge of sport/activity/HoD
2. External Visits Coordinator (EVC)
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