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

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| **Group:** | **Group Leader:** |

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| **Name:** | **House:** | | **Year Group:** |
| **Activity undertaken:** | | | |
| **Date of incident:** | **Time of incident:** | | |
| **Location of incident:** | | | |
| **Nature of incident:** | | | |
| **Details of injuries:** | | | |
| **Names of others involved:** | | | |
| **Action taken, and by whom:** | | | |
| **Action pending, and by whom:** | | | |
| **Signature:** | | **Date:** | |

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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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