**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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