NADI SANGAM PRIMARY SCHOOL

NAME OF THE CHILD:
YEAR:
PARENT CONTACT:
CLASS TEACHER:
TYPE OF ACCIDENT /INJURY /SICKNESS:
DATE:
TIME:
HOW IT HAPPEN:

WAS THE CHILD CONCERN LINDER SUPERVISION? YES / NO
WAS THE CHILD CONCERN UNDER SUPERVISION? YES / NO ACTION TAKEN
ACTION TAKEN
ACTION TAKEN
ACTION TAKEN DATE:
ACTION TAKEN
ACTION TAKEN DATE: CLASS TEACHER SIGNATURE:
ACTION TAKEN DATE:

RECORD OF ACCIDENTS AND ACTION TAKEN

WEEK	DATE	ACCIDENT	ACTION TAKEN