

# NADI SANGAM PRIMARY SCHOOL

NAME OF THE CHILD: \_\_\_\_\_

YEAR: \_\_\_\_\_

PARENT CONTACT:

CLASS TEACHER:

TYPE OF ACCIDENT /INJURY /SICKNESS:

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DATE:

TIME:

HOW IT HAPPEN:

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WAS THE CHILD CONCERN UNDER SUPERVISION? YES / NO

ACTION TAKEN

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DATE:

CLASS TEACHER SIGNATURE:

AHT/ HT SIGNATURE:

### RECORD OF ACCIDENTS AND ACTION TAKEN

[illegible]