



Medical Incident Notification Form

Medical Incident

Student Name: **add student name here**

Date of Incident: **add date here**

Time of Incident: **add time here**

Location of Incident: **add location here**

Description of Incident:

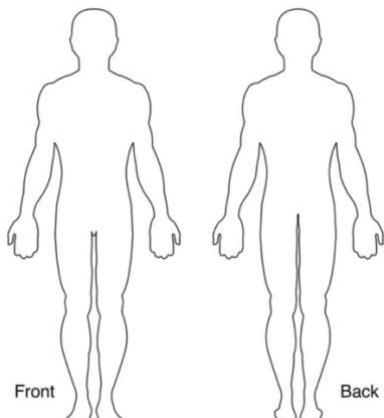
Add description here

Injury or Medical Concern

Nature of injury or illness: **add details here**

Body part(s) affected:

- Add impacted area here + note on body map



Severity:

Minor Moderate Serious



Actions

Action Taken by **RAISE-AP**

- First aid administered
- Ice pack applied
- Wound cleaned/dressed
- Rested and monitored
- Medication administered (as per care plan)
- Emergency services contacted
- Parent/carer contacted by phone

Outcome

- Returned to provision
- Sent home
- Taken to hospital
- Other:



Parent / Carer / Linked School / LA Advice

Follow-Up / Advice to Parent / Carer / Linked School / LA: add details here

Staff Details

Name: add staff name here

Role: add role here

Signature: add signature here

Date: add dat here