



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:

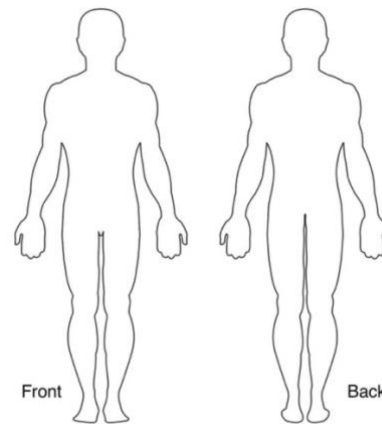
Add description here

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**