

Notification of serious injury form

The purpose of this form is to ensure that the school has all the relevant information about your child's injury in order for their return to school be managed appropriately.

Name of child	Class
Where did the accident occur?	Date of injury
What is the injury? Please indicate on the diagram the location of the injury. 	
What medical advice have you been given regarding this injury?	
Is your child able to take part in PE? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, after how long will this be reviewed?
Should your child stay inside at break and lunchtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, why is this necessary?
Does your child need prescribed medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the Administration of Prescribed Drugs form (this can be obtained from the school office)	<b>Office Use only:</b> Has an Administration of Prescribed Drugs form completed?
Name of parent/carer	Date of return to school
Signature of parent/carer	

<p><b>School Use Only:</b>                  What actions will the school take to ensure the return to school is managed safely? Please tick</p> <p><input type="checkbox"/> Informed teacher of injury</p> <p><input type="checkbox"/> Stay in at break time/lunchtime</p> <p><input type="checkbox"/> Refrain from PE</p> <p><input type="checkbox"/> Carry out a classroom risk assessment</p> <p><input type="checkbox"/> Arrange for administration of prescribed drugs</p> <p><input type="checkbox"/> Other – please state .....</p>
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