|  |  |
| --- | --- |
| Your name |  |
| Name of casualty |  |
| Describe the injury. |  |
| Date of Accident |  | Time |
| Where did the accident happen? |  |
| How did the accident happen |  |
| Follow up action.What did you do |  |
| Any other comments |  |

Thank you for completing this.

Any further concerns contact welfare@cambridgeandcoleridge.org.uk