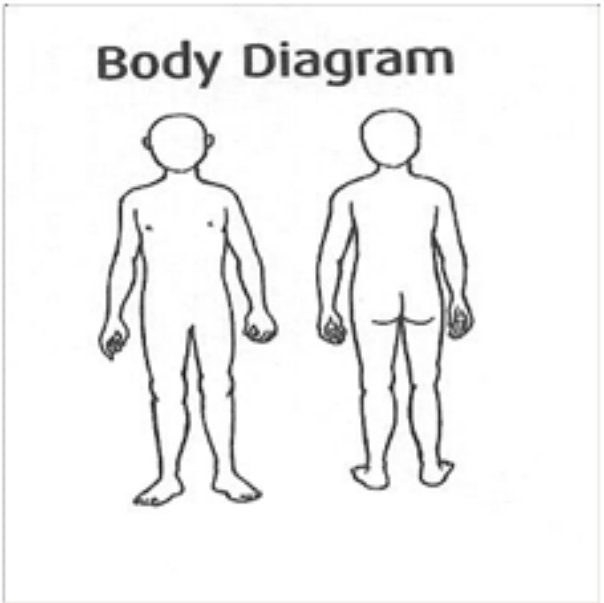
Accident or Incident Records - Spiritist Centre XYZ

Name of Child	
Data of Birth	Date and time of accident/incident
Place accident/incident occurred	
Description of circumstances leading to the accident	
Record of injury and action taken	
Condition of child following the accident/incident	
Teacher's signature	Date:
Parente has received carbon copy ☐ Yes ☐ No	
Parent's signature	Date:



Mark the area of the body which had the injury.

Witness to accident/incident signature (Please print name after signature)

Signature	
Print	
Date	
Address	