

Host Family Accident/Incident Report Record

Name of HF _____ Date of record _____

Email of HF _____ Telephone number of HF _____

Address of HF _____

Name of student _____ Date of accident/incident _____

Please give details of the accident/incident.

Where did this accident/incident take place?

**Was first aid or other medical intervention given?
Please give details.**

**Did the student need to attend a GP or hospital for medical attention?
Please give details.**

**Has the student's guardian been informed?
Please give details (by telephone/email/verbal; by whom).**

Any other information?

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