Christ the Sower Ecumenical SCHOOL Covid 19 (Coronavirus) Incident Form

| Pupil Names Staff Names | | | | Year Group | |
|----------------------------|-----------------|--------------|-------|------------|--|
| Date | | | | Time | |
| Form completed by: | | | | | |
| Brief outline of Incide | | | | | |
| Brief outline of incide | ent: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| What actions were taken: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Who was informed a | | | | | |
| Parent Headteache | r Class Teacher | Office staff | Other | | |
| | | | | | |
| Follow up actions: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Send copy to Mandy Robertson for CPOMS