## **Host Family Incident reporting form**

Host family name	Date form completed	
Student name	Date of Incident	
Details of the incident		
Where did the incident occur		
Details of First Aid or other medical treatment given		
Did the student need to attend a Doctor or Hospital for further treatment?		-
Has the student Guardian been informed? If so, was it by email or phone? Who did you talk to?		
Any other information relating to this incident or how to avoid a repeat occurrence.		

Brighter Prospects Guardians office use only: - copy of this record placed in:

•	Host Family file	Yes	No
	110001011111111111111111111111111111111	100	1.0

Parent & Student files: Yes No

School file: Yes No

## **Actioned & signed by Brighter Prospects Guardians**