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| SERIOUS INCIDENT REPORT FORM | | | |
|  | | | |
| Student Involved: |  | | |
| School: |  | | |
| Fixture: |  | | |
| Date: |  | Time: |  |
| Staff Member Present: |  | | |
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| Incident | | | |
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| Action Taken | | | |
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| Signature of Staff |  | | |
| Date: |  | | |
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| Please return form to info@isssc.ie | | | |