

Accident/Incident Form



Group details

Name of group _____

Name of group leader _____

Names of other leaders present _____

Accident details

Date and time of accident/incident _____

Name of person involved _____

Date of birth of person involved _____

Emergency contact details for the person involved (usually parent/guardian)

Name _____

Tel. number _____

Please describe the accident/incident that occurred (continue on separate sheet if necessary).

Action taken during and following the accident incident.

People contacted (include dates and times)

If medical attention was required, please note the name and address of the medical facility and the people who treated the person involved in the accident/incident.

Please detail any follow-up action required.

Name of person completing this form (print name) _____

Signed: _____ Date: _____