

Group details

Name of group _____

Name of group leader _____

Names of others present _____

Accident details

Date and time of accident/incident _____

Location of activity _____ Type of activity _____

Name(s) of person(s) involved _____

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

 Name _____

 Telephone number _____

Parents/Guardians informed. Please circle as appropriate **Yes** **No**

Details of 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)

Name	Date	Time
_____	_____	_____
_____	_____	_____

If medical attention was required, please give details

Please detail any follow-up action required.

Name of person completing this form (print name)

Signed _____ Date _____