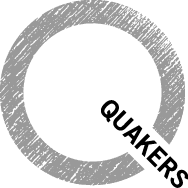
**Incident & Accident Reporting Form**

**For the responsible person to complete**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of incident/accident**  Please record information about when and where the incident/accident happened | | | | | | | | |
| Date (dd/mm/yyyy) |  | | | | Time | |  | |
| Location |  | | | | | | | |
| Event |  | | | | | | | |
| Nature of incident/ accident including details of illness/injury. Give the cause if relevant. |  | | | | | | | |
| Names of People Involved |  | | | | | | | |
| Names of Team Members Involved |  | | | | | | | |
| Give names of witnesses to the incident/accident |  | | | | | | | |
| Was a first aider called | Yes/No | | | | | | | |
| If yes the First Aider should complete this form otherwise the person reporting the incident should complete the form | | | | | | | | |
| **Action taken** Give details of any action taken including First Aid treatment given | | | | | | | | |
|  | | | | | | | | |
| Supplies used | | | |  | | | | |
| Was an ambulance called | | | | Yes/No | | | | |
| Did the person receive paramedical treatment at the venue | | | | Yes/No | | | | |
| Did the person require hospitalisation? If so give details of how they travelled to hospital and which hospital | | | | Yes/No | | | | |
| Was the person sent to a doctor or health centre? If so give details | | | | Yes/No | | | | |
| **Who was informed about this incident** | | | | | | | | |
| Team Members | | | | Yes/No | | Name | |  |
| Parent/Carer/Responsible Adult | | | | Yes/No | | Name | |  |
| Staff Member/s | | | | Yes/No | | Name | |  |
| Other e.g. consultant please specify | | | | Yes/No | | Name | |  |
| **Further action required** please give details of further action or follow up required and who responsible | | | | | | | | |
|  | | | | | | | | |
| **Name of Team member** | |  | | | | | | |
| **Signature of Team member** | |  | | | | | | |
| **Date & Time** | |  | | | | | | |
| **Name of Staff member** | |  | | | | | | |
| **Signature of Staff member** | |  | | | | | | |
| **Date & Time** | |  | | | | | | |
| **Further action taken** please give details of any further action taken | | | | | | | | |
|  | | | | | | | | |
| **Name of Team member** | | |  | | | | | |
| **Signature of Team member** | | |  | | | | | |
| **Date & Time** | | |  | | | | | |
| **Name of Staff member** | | |  | | | | | |
| **Signature of Staff member** | | |  | | | | | |
| **Date & Time** | | |  | | | | | |