**Incident & Accident Reporting Form**

**For the responsible person to complete**

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| **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** |  |