

CONFIDENTIAL

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 _____		