



Accident form

Full name of injured person and age if under 18:

Date/Time of accident:

Did the accident occur within a structured activity/meeting? If so, which meeting?

Give details of how the accident occurred, where it occurred, what supervision was being given at the time and the nature of the injury sustained. Continue on the back of the form if necessary - -diagrams may be helpful.

Please make use of the Body Chart on the reverse of this document

Names of any witnesses to the accident:

Name of First Aider:

What treatment or advice was given?

Items used from First Aid Kit:

Was it necessary to call the Emergency Services or take or send them for further treatment? Give details:

Recommendations to the Health and Safety Committee in light of this accident:

Signed : **Injured Person(parent / guardian):** _____

First Aider: _____

When completed, this form must be signed by parent/guardian of injured person (if under 18). They may wish to have a copy.

The form should then be passed to the First Aid Co-ordinator to be reviewed by the Health and Safety Committee.

Body Chart

