

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 a separate piece of paper if necessary – diagrams may be helpful. <i>Please make use of the Body Chart on the reverse of this document.</i>	
Name and address 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:	

NOTE: When completed, this form must be signed by the 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 & Safety Committee.

BODY CHART

