

SGF 10

Effective from: 01.07.2016

FORM FOR DEALING WITH ACCIDENTS/INCIDENTS

Group details

Name of group: _____

Name of group leader: _____

Names of others present: _____

Accident details

Date and time of accident/incident: _____

Name of person involved: _____

Date of birth of person involved: _____

Emergency contact details for the person involved (usually parent/guardian)

Name: _____

Telephone number: _____

Please describe 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): _____

If medical attention was required, please note the name and address of the medical facility and the people who treated the person involved in the accident/incident.

Please detail any follow-up action required.

Name of person completing this form (print name): _____

Signed: _____ **Date:** _____