



DEALING WITH ACCIDENTS/INCIDENTS

TO BE COMPLETED FOLLOWING AN ACCIDENT. PLEASE USE BACK OF PAGE IF NECESSARY.

Name of Church Organisation/Parish:	
Venue/Activity/Group/Event:	
Date & Time:	
Name of Group Leader/Person Responsible:	
Names of Others Present:	

Accident/Incident Details

Location of Accident/Incident:	
Date & Time of Accident/Incident:	
Name of Young Person Involved:	
Date of Birth:	
Name & Contact details of Parents/Guardians	

Please describe the accident/incident that occurred (use separate sheet if necessary):

Action taken during and following accident/incident:

Persons Contacted

Persons Contacted	Date	Time

Diocesan Contacts

Designated Liaison Person: Marian Stack 085-1055992
Safeguarding Co-Ordinator: Mick Kavanagh 087-7185541/053-9174972 safeguarding@ferns.ie

Diocese of Ferns Safeguarding Policy

If medical attention was required please note the name and address of the surgery/clinic/hospital attended and the names of those who treated the child/young person involved:

Name of Surgery/Clinic/Hospital	Address	Name of those who treated the young person

Any follow-up action required?

Form Completed By:	
Date Completed:	

Additional Relevant Information

OFFICE USE ONLY

Form Received By:	
Date Received:	

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