**ACCIDENT/INCIDENT RECORDING FORM**

**TO BE COMPLETED FOLLOWING AN ACCIDENT/INCIDENT.**

**PLEASE USE EXTRA SHEETS AS NECESSARY.**

**Details of Activity**

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

**Accident/Incident Details**

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

**Nature of accident/incident:**

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**Action taken:**

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**Persons Contacted**

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| **Persons Contacted** | **Date** | **Time** |
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**Medical Attention**

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| **Name of Surgery/Clinic/Hospital** | **Address** | **Name of Person Giving Treatment** |
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**Follow Up:**

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| **Form Completed By** |  |
| **Date Completed** |  |

**Additional Relevant Information:**

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**OFFICE USE ONLY**

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| **Form Received By** |  |
| **Date Received** |  |