**Accident reporting form**

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| **Organisation information** | |
| **Name of organisation:** | |
| **Venue:** | **Person dealing with accident:** |
| **Location of accident:** | **Contact number:** |

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| **Injured person information** | |
| **Name of injured individual:** | **Date of birth:** |
| **MALE FEMALE** | **Address:** |

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| **Accident information** | |
| **Date/time of accident:** | **Date/time reported:** |
| **Reported by whom:** | |
| **Details of injury:** | |
| **First aid given:** | |
| **Recommended action to be taken:** | |
| **Name and contact details of any witnesses:** | |
| **Parents/carers notified: YES / NO** | **Referred to designated person: YES / NO** |
| **Print name:** | |
| **Signature:** | |