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Accident/Incident Reporting Form

Details of person affected	NAME: Age/DOB: If under 18, or a dependant adult, responsibility:	name c	of persor	n who has caring
Time and Date of incident Where did it occur?				
Brief statement of what happened and any apparent injuries				
Was further medical attention needed?				
Brief outline of what action was taken, and by whom				
Summary of advice given, and by whom				
Has a copy of the form been given to the individual or carer?		YES	NO	
Who has been informed?	Parent/carer: If no, please give reason:	YES	NO	
	Leader of relevant group (if child): If no, please give reason:	YES	NO	N/A
	Church Warden: If no, please give reason:	YES	NO	
Has a copy of the form been posted to the Church Office?	YES NO If no, please give reason:			

Signed	Dated
Print Name	

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Further review of accident/incident after the event

Date of further discussion: People present:				
Why did this accident/incident happen?				
What can be done to prevent this occurring again?				
Who will take responsibility for this?				
Who else needs to be informed? (if appropriate)				
When will this be done by?				
Date of final review:	YES	NO		
Have the above actions been taken?				
Signed:				