



Accident Report – Record Form

This form is to be completed by an adult witness whenever an incident requiring secondary medical attention occurs (eg. injury leading to child going to a medical centre). The completed form should be given to the parents/guardians of the child or young person, and a copy needs to be filed away for future reference (securely).

GENERAL INFORMATION

Name of injured person: _____

Birth date: _____ Age (If under 21): _____

Names of parents/guardians: _____

Address: _____

Phone/s: _____

Date of incident: _____ Time of incident: _____

DESCRIPTION OF INCIDENT

1. Describe the incident – what is presenting issue, without making diagnosis if not qualified to do so (use the back of page if necessary):

- Where in the facility/site did it happen?
- What area of the person's body was injured?
- What was the person doing when the incident happened?
- How did the incident happen?

4. How did the person respond after the incident?

5. Was first aid given or some other action taken? Yes / No

If yes, by whom & what was given? _____

6. Follow up actions: _____

Signed: _____ Date: _____