##

## Incident / Accident Reporting Form

1. Name of Church organisation

Venue/Activity/Group/Event

Date/Time

Name of Group Leader/Person responsible

Names of others present

2. Location of Incident

Nature of Incident

Name of Child/Young Persons involved

Contact details of parents/guardians

Telephone No

Date(s) of Birth

Give details of Incident/Accident



3. Action taken both during and following incident

4. Date and time of people contacted

5. Other relevant information

6. Signed

7. Dated

**FOR OFFICE USE ONLY**

Any Follow-up Action required?

Signed and Dated