



Accident reporting form

In the event of an accident, the following procedure should be followed:

- Fill in 2 copies of the Accident reporting form for **ALL** accidents
- Make contact with parents/guardians
- One copy of form to incident book/folder
- Forward 1 copy to designated person for record keeping/action required
- Contact emergency services/GP if required
- Record in detail all facts surrounding the accident, witness's etc.
- Any further action
- Sign off on any action required from senior management office

Name of organisation:	
Adult in attendance:	
Address:	
Day time/ evening Tel No:	
Email address:	

Injured person information:	
Name of injured child/young person:	
Address:	
Date of birth:	
Gender:	Male / Female

Accident information:			
<i>(To be recorded by EBED and shared with relevant staff and parents/carers)</i>			
Date of accident:		Time of accident:	



Date reported:		Time reported:	
Accident reported by who:			
Location of accident:			
Details of injury:			
Nature and how accident happened:			
Did anyone witness the accident:	Yes / No <i>(If Yes, state witness name/s and details below)</i>		
Name of witnesses:			
First aid involved: <i>(please provide details)</i>			
Parents/carers notified:	Yes / No <i>(If Yes, by whom and when below)</i>		
Parents/carers notified by whom and when:			
Form completed by:			
Recommended action to be taken:			
Refer to designated Person's:	Yes / No <i>(If Yes, signature and name below)</i>		
Signature:			
Print name:			

Has the young person returned to the organisation:	Yes / No
Signature of management representative:	
Print name:	



Role within organisation:	
----------------------------------	--