

Gilberdyke Youth Project Accident Report Form

This form should be completed by the Youth Project worker on the scene at the time of any accident and as soon after the event as possible.

This form should then be handed to the Youth Project Lead (Fiona Rainforth) to complete the Subsequent Action Taken section.

Date, time and location of accident:

Name and role of person completing form:

Name of injured person:

Address of injured person:

Nature of accident and extent of injury:

Give precise details of how and where the accident took place:

Give precise details of any action taken during first aid treatment and the name(s) of first aider(s):

Were any of the following contacted or notified?

			Details
Parent(s)/guardian(s)/carer(s)	YES	NO	
Police	YES	NO	
Ambulance	YES	NO	
Other (please specify)	YES	NO	

Who was the accident reported to in the group?

What happened to the injured person following the accident?

I declare that the above is a true record of the accident.

Name:	
Date:	
Signed:	

FOR COMPLETION BY YOUTH PROJECT LEAD

Subsequent Action Taken:

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If no action was taken, please explain why:

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Name:	
Date:	
Signed:	