

FORM 1.4B (1) - Form for Dealing with Accidents/Incidents

GROUP DETAILS Name of group:	
Name of group leader:	
Nomos of others present:	
ACCIDENT DETAILS Date and time of accident/incident: Name of person involved: Date of birth of person involved:	
Emergency contact details for the person involved (us	sually parent/guardian)
Name: Telephone number(s):	
Please describe the accident/incident that occurred (c	continue on separate sheet if necessary).
Action taken during and following the accident incider	nt.
People contacted (include dates and times):	
If medical attention was required, please note the na people who treated the person involved in the accide	
Please detail any follow-up action required.	
Name of person completing this form (print name):	
Signed:	Date:

Data Protection - this form will be held on file, in accordance with the data protection policy of the Diocese of Waterford & Lismore. The data entered will be used only for the purpose indicated on the form. It may only be accessed by those with responsibility for managing records or group activities. This form should only be used if the event/activity has the prior approval of either the Diocese or the local parish within the Diocese.