

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

GROUP DETAILS

Name of group: _____

Name of group leader: _____

Names 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 (usually parent/guardian)

Name: _____

Telephone number(s): _____

Please describe the accident/incident that occurred (continue on separate sheet if necessary).

Action taken during and following the accident incident.

People contacted (include dates and times):

If medical attention was required, please note the name and address of the medical facility and the people who treated the person involved in the accident/incident.

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.