Accident Report Form

This form must be completed immediately after any accident or significant incident.

Date of incident: ____________________ Time: ____________________

Name of party involved: ____________________ Age: ____________________

Address ____________________

____

____

Post Code: ____________________ Telephone Number: ____________________

Where did incident take place?: ____________________

____

Who was responsible for the group at the time?
Name: ____________________

Address: ____________________

____

____

Post Code: ____________________ Telephone Number: ____________________

Who witnessed the incident?
Name: ____________________ Age: ____________________
(if under 16 years)

Address: ____________________

____

____

Post Code: ____________________ Telephone Number: ____________________

Description of Accident: ____________________

____

____

____

____

Action Taken: ____________________

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continue overleaf...

Association of Interchurch Families, 27 Tavistock Square, London WC1H 9HH

info@interchurchfamilies.org.uk Tel: 020 3384 2947. www.interchurchfamilies.org.uk

Registered Charity No. 283811

Accident Report Form

Injuries Received: ____

____

____

Treatment Given: ____

____

____

Was a Doctor Seen? Yes ☐ No ☐ (Please tick)

Name of Doctor: ________________

Address: ________________

____

____

Post Code: ________________ Telephone Number: ________________

Have Parents been informed? Yes ☐ No ☐ (Please tick)

Who else do you need to inform?: ________________________________

Have they been informed? Yes ☐ No ☐ (Please tick)

If so, by whom: ____________________ When: ________________

Signature of person in charge of group at time of accident: ____________________

Date: ____________________

Form seen by AIF Children's co-ordinator

Signature: ____________________ Date: ____________________

Completed forms to be sent to the Association's office.

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