



Incident Report - Record Form

This form is to be completed by an adult witness whenever an incident requiring secondary medical attention occurs (e.g. injury leading to child going to a medical centre). The completed form should be given to the parents/guardians of the child or young person, and a copy needs to be filed away for future reference (securely).

GENERAL INFORMATION

Name of group/activity: _____ Adult supervisors: _____

Name of injured person: _____

Birth date: _____ Age (If under 18): _____

Names of parents/guardians: _____

Address: _____

Phone/s: _____

Date of incident: _____ Time of incident: _____

DESCRIPTION OF INCIDENT

- 1. Describe the incident – what is presenting issue, without making diagnosis if not qualified to do so:
 - i. Where in the facility/site did it happen?
 - ii. What area of the person’s body was injured?
 - iii. What was the person doing when the incident happened?
 - iv. How did the incident happen?

- 2. Names of leaders supervising at the time of the incident:



3. Name(s) of any other witnesses to the incident:

4. How did the person respond after the incident?

5. Was first aid given or some other action taken? Yes / No

If yes, by whom & what was given? _____

6. Follow up actions: _____

DETAILS OF PERSON COMPLETING THIS FORM:

Name: _____

Role: _____

Phone: _____