AJB Sports in Education

Accident / Incident Report Form

Incident Details

Date: _____

Time: _____

Venue: _____

Location of Incident: _____

Staff Member Completing Form: _____

Child Details

Child's Name: _____

Age: _____

Group (if applicable): _____

Details of Incident

Please provide a factual description of what happened:

Injury Sustained (if applicable)

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First Aid / Action Taken

Was Further Medical Treatment Required?

☐ No

☐ Parent/Carer Informed

☐ Sent Home

☐ GP Recommended

☐ Ambulance Called

☐ Hospital Treatment Required

Details:

Witnesses (if applicable)

Name(s):

Parent/Carer Notification

Parent/Carer Name: _____

AJB SPORTS IN EDUCATION

Time Contacted: _____

Method of Contact:

☐ Collection

☐ Telephone

☐ Email

☐ Other

Details:

Follow Up Required?

☐ No

☐ Yes

Details:

Signatures

Staff Member Signature:

Date:

Camp Lead Signature:

Date: