

Accident/Incident Report Form

Event Leader:

Name of Parish:

Contact Number:

Name of Child/Young Person involved:

Date of Birth of Child/Young Person involved *(if known):*

Date and Time of Accident /Incident:

Place of Accident/Incident:

Circumstances of Accident/Incident *(continue on separate sheet if necessary):*

Names of those present at the accident/incident:

Nature of Injury/Harm:

Action Taken including any medical intervention that was required:

Reported to Whom:

Other Action Taken including learning:

Signature *(responsible adult)*:

Printed Name: _____ Date: _____

Data Protection This form will be held on file, in accordance with the Data Protection Act 2018, data protection policy of the Diocese of Down and Connor and the Privacy Notice of the Down & Connor Safeguarding Office , which can be found at <http://www.downandconnorsafeguarding.com/privacy-notices/>

The data entered will be used only for the purpose indicated on the form and will be held confidentially. The data may only be accessed by those with responsibility for managing records or group activities and will not be shared with external organisations unless there is a need and a lawful reason to do so. The data will be updated when appropriate and destroyed when no longer necessary or relevant.