

This form is to be completed by an adult witness or Leader whenever an incident or injury requiring first aid or secondary medical attention occurs (e.g. injury leading to person going to a medical centre).

The completed form should be given to the injured person (or to the parents/guardians if injured person is under 18 years old) and a copy needs to be filed securely for future reference by the Safe Contact Person or equivalent person in the church.

GENERAL INFORMATION

Name of Church: _____

Name of injured person: _____ Date of birth: ___ / ___ / _____

Address: _____

Email: _____

Names of parents/guardians (if under 18): _____

Name of Leader supervising at time of incident: _____

Email: _____ Phone: _____

Name of any other witness of incident: _____

Email: _____ Phone: _____

DESCRIPTION OF INCIDENT

Date of Incident: ___ / ___ / _____ Time of Incident: ___ : ___ am / pm

Location of incident (address, specific room/space): _____

What was the person doing when the incident happened? _____

Describe the incident (use additional pages if necessary): _____

DESCRIPTION OF INCIDENT

What area of the body was injured (i.e. right forearm bruised, deep scratch above left eye)?

Was first aid given or some other action taken? **(Please Circle)** YES / NO

Name of First Aid attendant: _____ Phone: _____

Details of First Aid treatment: _____

Was the injured person taken to hospital/doctor as a result of the incident? **(Please Circle)** YES / NO

Name and address of hospital or medical centre: _____

To whom was the incident/injury first reported? _____

Date Report: ___ / ___ / _____ Reported by: _____

What steps were taken to reduce hazard or prevent incident from recurring?

FORM COMPLETED BY

Full Name: _____ Role: _____

Signature: _____ Date: ___ / ___ / _____