

# Diocese of Cloyne

## Dealing with Accidents/Incidents Form 6

### Group details

Name of group \_\_\_\_\_

Name of group leader \_\_\_\_\_

Names of others present \_\_\_\_\_

### Accident details

Date and time of accident/incident \_\_\_\_\_

Name of person involved \_\_\_\_\_

Date of birth of person involved \_\_\_\_\_

Emergency contact details for the person involved (usually parent/guardian)

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Please describe the accident/incident that occurred (continue on separate sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_

Action taken during and following the accident incident.

\_\_\_\_\_  
\_\_\_\_\_

People contacted (include dates and times) \_\_\_\_\_

If medical attention was required, please note the name and address of the medical facility and the people who treated the person involved in the accident/incident.

\_\_\_\_\_  
\_\_\_\_\_

Please detail any follow-up action required.

\_\_\_\_\_  
\_\_\_\_\_

Name of person completing this form (print name) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_