

**COLERAINE BAPTIST CHURCH
INCIDENT/ACCIDENT REPORTING
FORM**



This form is for all Leaders and must be completed in the event of any incident/accident which involves a child, young person.

Name of person affected: _____

Date of incident/accident: _____ Time of incident/accident: _____ am/pm

Place where incident/accident occurred: _____

Was the incident/accident witnessed by anyone? YES/NO

If YES, by whom? _____

Please state on your own words what happened including details of names and status of those involved.

Describe what action was taken (e.g. details of first-aid, police or other medical involvement).

When was the person with parental responsibility informed? Date _____ Time _____ am/pm

By whom? _____

Name of Group Leader _____

Signature of Group Leader _____ Date _____