



Incident/accident Report Form

1. Please complete the form below giving as much details as possible. All information will be treated as confidential. Depending on the nature of the incident or accident, there may be a requirement for external authorities to be contacted.

2. Location where the incident/accident took place:

3. Date and approximate time of incident/accident:

4. Name of person/s affected by incident/accident:

5. Address of person/s affected by incident/accident:



6. Name of Volunteer accompanying Tadpole if applicable:

7. Address of Volunteer accompanying Tadpole if applicable:

8. Nature of incident/accident:

9. Was anybody injured as a result of the incident/accident?

Yes No

10. Nature and extent of any injuries resulting from the incident/accident:



11. Give details of the incident or accident, including as much information as possible:





12. Give full details of action taken during any first aid treatment and the name(s) of first-aider(s) if applicable:

13. Were any of the following contacted?

- | | | |
|----------------|------------------------------|-----------------------------|
| Parents/carers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Police | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ambulance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

14. What happened to the affected person/s following the incident/accident, e.g. carried on with session, went home, went to hospital etc.:

15. All of the above facts are, to the best of my knowledge, a true record of the incident/accident.

Name: _____

Signed: _____

Date: _____