

Report Number:

Accident Report Form: 1st Sandleheath Sea Scout Group



About the person who had the accident			
Full name:			
Address:			
Postcode:		Telephone number:	
Group & Section:			
Position/Role:		Date of birth:	DD / MM / YYYY

About the accident			
When it happened, Date:	DD / MM / 20 YY	Time:	
Location: (including room if applicable)			
What happened: (give cause if known)			
Nature and location of injuries to casualty: (if any)			
Witnesses:			

Treatment and follow-up	
Treatment given: (list who provided the treatment and any first aid equipment used)	
After the accident the person involved: (tick as appropriate)	Continued activity <input type="checkbox"/> Went home <input type="checkbox"/> Went to see GP <input type="checkbox"/> Hospital <input type="checkbox"/> Transport: Car <input type="checkbox"/> Taxi <input type="checkbox"/> Emergency Ambulance <input type="checkbox"/> None <input type="checkbox"/> Other location / transport []:
List any other actions taken / notes:	

About you			
Full name:			
Group & Section:			
Signed:		Date:	DD / MM / 20 YY

If multiple people are injured please complete one form per casualty.

Completed forms MUST be placed in the accident report book in the Leader's office or given to the G.S.L.