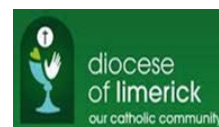


Form for Dealing with Accidents/Incidents

(NBSCCCI 1.4B T1)



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 _____