

# Accident/Incident Form

This form should be completed immediately after any accident or significant incident.

Once completed please store in post box in the cupboard in the back hall for the attention of the Rathfriland Regeneration Committee. Parents/Guardians should endeavour to contact a member of the Committee by phone or in person as soon as possible after the event.

Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Who was involved in the Accident/Incident?

	Person 1	Witness 1
Name		
Age		
Address		
Phone number		

Where did the accident/incident take place? \_\_\_\_\_

Describe the nature of the accident/incident? \_\_\_\_\_

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Describe any injuries? \_\_\_\_\_

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What first aid was administered? \_\_\_\_\_

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Name of Parent present at the time \_\_\_\_\_