

# Incident / Accident Report

## Form 5



Safeguarding  
**CHILDREN**  
Killaloe

To be completed following an incident or an accident. The information on this form is confidential.					
Parish		Church Organisation			
Activity / Project /Event Information					
Location / Venue		Date		Time	
Leaders / Volunteers in charge	1.		2.		
	3.		4.		
Name of Child/Young Person involved				Date of Birth	
Name, address and contact details of Parent / Guardian				Tel. Land	
				Tel. Mobile	
Give details of Accident / Incident					
<p>Please include as much detail as possible. If medical attention was required please note the name of the surgery, clinic or hospital attended and the names of those who treated the child / young person. Use a separate sheet if necessary.</p>					
Action taken during and following the incident / accident					
People contacted, date and time					
Any follow up action required					
Signed			OFFICE USE ONLY		
			Received By:		
Date			Date:		