

INCIDENT/INJURY REPORT

1. DETAILS OF PERSON INVOLVED:

Name:

Date of Birth:

Address:

Phone: (H)

(mob)

Sex: Male: Female: **2. DETAILS OF INCIDENT:**

Date:

Time:

Describe what happened and how:

3. DETAILS OF WITNESS:

Name:

Phone: (H)

(M)

Address:

4. DETAILS OF INJURY:

Nature of injury (eg burn, cut, sprain)

Cause of injury (eg fall, tripped over)

5. TREATMENT ADMINISTEREDFirst Aid given: YES NO

Treatment:

Referred to:

Any other comments:

Name of Leader:

Contact details:

Signature of Leader: