

CONFIDENTIAL
Accident and Incident Form

This form should be completed by a leader immediately after any accident or incident where a person was injured or placed near harm. Share this form with the Conference administrator/coordinator to agree any follow up action that is necessary.

This form should be scanned or pictured and sent to **admin@contagious.org.uk** for secure storage.

Name of Conference/region			
Day, date and time of the incident			
Where did this incident take place?			
List the people involved in the incident and identify the person in charge and those who were injured.	Name	SUS	Mobile
Describe the accident/incident: <i>How did the accident happen?</i> <i>Who was present?</i> <i>What equipment was used?</i> <i>What injuries were sustained?</i> <i>Describe first aid or medical treatment given</i>			
What action, if any, have you taken since the incident to prevent further harm?			
Who have you informed about the incident? <i>Administrator/Coordinator/First aider?</i>	Name	Role	Mobile
Your Name:	Signed:	SUS no.	
Mobile:		Date:	
To be completed by Conference Coordinator/ Administrator			
Describe what action you have taken and who you have informed			
Name:	Signed:	Date:	
Mobile:			