

# Adventurer Club Accident/Incident Form

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Parent/guardian name(s) \_\_\_\_\_

Date of accident/incident \_\_\_\_\_ Time of accident/incident \_\_\_\_\_

Describe what happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the injury (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What first aid was given? \_\_\_\_\_

\_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person taken to hospital?  Yes  No If yes, name of hospital \_\_\_\_\_

Parent notified?  Yes  No If yes, by whom \_\_\_\_\_

Witness name(s) \_\_\_\_\_

Staff member completing this report \_\_\_\_\_

Signature of staff member \_\_\_\_\_ Date report completed \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_