



Group Details (To be completed by Ministry Co-ordinator or Group Leader)

Name of Ministry/Group: _____

Name of Leader-in-Charge: _____

Name(s) of Leaders present: _____

Accident/Incidents Details:

Date & Time: _____

Location: _____

Name(s) of Person(s) involved: _____

Accident/Incident Description: _____



Parent(s)/Guardian(s) Emergency Contact Details:

Name(s): _____

Phone(s): _____

When Contacted (Time & Date): _____

Contacted by Whom: _____

Action Taken During & Following Accident/Incident (Including contact with Prior/P.P.)

If medical attention was required, please note the name & address of medical facility and/or the people who treated the person(s) involved.

Detail Any Follow-up Action Required & By Whom

Name of Person Completing Form (Print): _____

Signed: _____ **Dated:** _____

Position/Role: _____