

Cotton Village Hall Accident and Incident Form

Name of Person(s) Reporting I/A:

Address & Contact Number:

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Name of person in charge:

Site where incident/accident took place:

Date of incident/accident:




Name & Address of injured person:

Nature of incident/injury and extent of injury

Give details of how and precisely where the incident took place. Describe what activity was taking place, for example cooking/on stage/setting up.

Give full details of action taken during any first aid treatment and the name(s) of first-aiders.

Were any of the following contacted?

- | | | | |
|---|----------------|------------------------------|-----------------------------|
|  | Parents/carers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | Police | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | Ambulance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What happened to the injured person following the incident/accident? e.g., carried on with session, went home, went to hospital etc.

All of the above facts are a true record of the accident/incident

Signed: **Date:**

Name: