A yellow and black sign with white text

Description automatically generatedIn the event of an accident/ incident we need to know as many details as possible so that we can respond appropriately and revise safety measures accordingly. The sooner you note these details down, the more accurate the information supplied is likely to be.

Please keep copies of this form with you whilst you travel and in the event of any accident/incident please complete the below information and email/text/whatsapp it to us immediately.

GROUP DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Booking Reference |  | Date |  |
| Group Name |  | | |
| Lead Teacher |  | | |
| Destination |  | | |

ACCIDENT OR INCIDENT DETAILS

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please tick as appropriate (\*i.e. unsuitable behaviour) | Hazard | | | Near Miss | | Incident | | Concern (i.e. Unsuitable Behaviour) | |  |
|  | | | | | | | | | | | |
| Date of incident |  | | | | Time of incident | | | |  | | |
| Location of incident |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name(s) and age(s) of person(s) involved |  | | | | | | |  | | | |
|  | | | | | | |  | | | |
|  | | | | | | |  | | | |
|  | | | | | | |  | | | |
|  | | | | | | | | | | | |
| Incident details – please provide as much detail as possible, including timings and events leading up to the incident |  | | | | | | | | | | |
|  |  | |  | | | | | | | | |
| Were emergency services called? | Yes | | No | | If yes, please provide details | | | |  | | |
|  | | | | | | | | | | | |
| Were you a witness? | | Yes  No at | | | | | | | | | |
|  | |  | | | | | | | | | |
| Details of further witnesses | | Name | | | | | Contact | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |

INJURIES SUSTAINED (If none, leave this section blank)

|  |  |
| --- | --- |
| Description of injuries sustained |  |
| Was first aid given? | Yes  No |
| If yes, please provide details and by whom it was administered by |  |

MEDICAL TREATMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was the person(s) involved sent to hospital? | Yes  No | Hospital address | |  |
|  | | | | |
| Name of accompanying person(s) |  | | | |
| Do you have a copy of the medical report? (If yes, please submit) | Yes  No | | | |
| Did the injured person(s) re-join the group? | Yes  No | If yes, when?  (Date & time) |  | |

COMPLETED BY

Please continue on a separate sheet if there is additional information.  
I sign to agree that the information provided is correct and true to the best of my knowledge

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Position |  |
| Signature |  | | |
| Contact Number |  | | |