

St. Peters GAA, Dunboyne - Camp Accident/Incident Report



Accident / Incident Report Form

CAMP VENUE: _____

Date of Camp: _____

Date: _____ Time: _____

INJURED MEMBER/GUEST: Name _____ Age _____ Sex _____

Telephone: _____

Home Address _____

Association with Camp _____

Place of incident:

Description of circumstances (What activity was involved? What happened? Be explicit as possible):

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INJURY: Describe the injury (What part of the body? Nature of injury?)

ACTION TAKEN: (Check all that apply)

a) None required

b) Parent(s) called: Time _____ AM _____ PM

By Whom? (Name):

c) First Aid Given.

By Whom? (Name):

d) Ambulance called - Time _____

By Whom? (Name):

e) Injured taken to

By Whom? (Name):

Person in charge when incident/accident occurred:

Name: _____

Position: _____

Witnesses: _____

Address _____

Telephone: _____

Follow Up Action Required: Yes/No _____