



Incident Report Form					
Scripture Union – Republic of Ireland					
Incident Report – Injury or Accident at an SU Ireland Activity					
Name of Event		Date of Event			
Location		Camp/Retreat Leader/S			
Person under 18's name		Age		Phone Number	
Address					
Describe what happened: (nature of incident, all people under 18, all leaders, or volunteers involved need to be recorded – use a separate sheet if necessary. Please give as much detail as possible)					



Describe what action was taken:
(by both people under 18 and volunteers and any medical attention; if the parents were contacted or what follow up took place etc.)

Who witnessed incident:
(volunteers, people under 18 & contact details)

Name	Contact Details



Who was the incident reported to? (Camp leaders; SU staff; parents/guardians)			
Name		Contact Details	
Was medical attention given and by whom? (name of nurse or doctor and detail any medical attention or medication given etc.)			
Name		Contact Details	
General Comments:			
Signature			Date