**ACCIDENT FORM**

**Section 1: Company / Organisation Details**

|  |  |
| --- | --- |
| Name of Company / Organisation: | **Stamford Gilbert and Sullivan Players** |
| Venue: |  |
| Name of Accident Reporter: |  |
| Contact Number: |  |
| Email Address: |  |

**Section 2: Person Affected by the Accident**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **Home Address:** |  |
| **Date of Birth:** |  |
| **Position of Person:** | **Member / Employee / Other** | **Contact Number:** |  |

**Section 2a: Parent / Carer of Person Affected by the Accident \***

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent / Carer Name:** |  | **Home Address:** |  |
| **Parent or Carer Notified:** | YES / NO | **Contact Number:** |  |

**\*Complete only if the Person Affected by the Accident is under 18 years old**

**Section 3: Accident Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Accident:** |  | | **Time of Accident:** | |  | |
| **Location of Accident:** |  | | | | |
| **Describe the Accident:**  Eg. What happened? Why? Equipment Involved? Other People Involved? |  | | | | |
| **Witness(es):** |  | | | | |
| **Name:** |  | **Address:** | |  | |
| **Name:** |  | **Address:** | |  | |
| **Name:** |  | **Address:** | |  | |

**Section 4: Injury and Treatment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Injuries Sustained:** |  | | |
| **Was First Aid Administered on the premises:** |  | **If Yes – what treatment was given and by whom?** |  |
| **Did the casualty have to go to hospital immediately?** |  | **If Yes – what treatment did they receive?** |  |
| **Did the casualty have to go to their GP or hospital as a follow up?** |  | **If applicable, how long did the casualty have to spend in hospital?** |  |
| **Has the accident been reported to the Venue?** | **Yes / No** | **Any further action required?** |  |

**Section 5: Sign Off**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Casualty:** |  | **Name of Person completing the form:** |  |
| **Role:** | **Member / Employee / Other** | **Role:** |  |
| **Signature:** |  | **Signature:** |  |
| **Date:** |  | **Date:** |  |

**Any other information:**