

First Aid form

**Southwell Scouts
Accident Reporting Form**

Leader Information	
Section Leader:	
Address	
Contact Tel	
Email	

Injured person Information	
Name of Young Person	
Date of Birth	
Gender	
Are they presenting with COVID-19 Symptoms	Yes / No

Accident Information			
Date of Accident		Time of Accident	
Date Reported		Time Reported	
Accident reported by			
Location of Accident			
Details of Injury			
Nature and how accident happened			
Did anyone witness the accident			
Name of witnesses			
First aid provided (if yes provide details)			
Parents/Guardian Notified (if yes provide details)			
Recommended action to be taken			

Form completed by:	
Date	
Time	