

Incident Report Form

**Southwell Scout Group
 Incident Reporting Form**

Leader Information	
Section Leader:	
Address	
Contact Tel	
Email	

Injured person Information	Person 1	Person 2	Person 3
Name of Young Person			
Are they presenting with COVID-19 Symptoms	Yes / No	Yes / No	Yes / No

Incident Information			
Date of Incident		Time of Incident	
Date of Incident		Time Reported	
Accident reported by			
Location of Incident			
Details of Incident			
Did anyone witness the accident			
Name of witnesses			
Parents/Guardian Notified (if yes provide details)			
Recommended action to be taken			

Form completed by:	
Date	
Time	