Accident / Incident Form

Updated Sept, 2026

Group details

Name of group _____

Name of group leader _____

Names of others present _____

Accident details

Date and time of accident/incident _____

Name of person involved _____

Date of birth of person involved _____

Emergency contact details for the person involved (usually parent/guardian)

Name _____

Telephone number _____

Please describe the accident/incident that occurred (continue on separate sheet if necessary).

_____

_____

Action taken during and following the accident incident.

_____

_____

People contacted (include dates and times)

_____

_____

_____

If medical attention was required, please note the name and address of the medical facility and the people who treated the person involved in the accident/incident.

_____

_____

_____

Please detail any follow-up action required.

_____

_____

Name of person completing this form (print name) _____

Signed_____ Date_____

Parents/Guardians contacted by: _____

Time: _____ Date: _____

Data Protection

The information in this form will be used to record details of any incidents/accidents and for administrative and compliance purposes. The information will be stored confidentially and will only be shared outside the parish/group where there is a legal obligation on the parish/group to do so, including reporting to the Health and Safety Authority, where necessary. The information will be retained in compliance with relevant laws and policies. Your data will be processed under Articles 6(1)(c), 6(1)(d) 6(1)(f), 9(2)(c) and 9(2)(f) of the General Data Protection Regulation, (EU) 2016/679 Please see www. https://cashel-emly.ie/privacy-policy/ for further information.