

**CONFIDENTIAL**  
**INCIDENT/ACCIDENT REPORT FORM**

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**To be returned as soon as possible to \_\_\_\_\_  
for secure storage.**

Parish: \_\_\_\_\_

Name of Child /Young Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Parent(s)/Guardian (s) – and Addresses if different from above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Incident/Accident  
\_\_\_\_\_  
\_\_\_\_\_

Date Time and location of Incident/Accident  
\_\_\_\_\_  
\_\_\_\_\_

Date and Time of Reporting: \_\_\_\_\_

Passed to Parish/Diocesan Designated person by: \_\_\_\_\_

Name(s) of those present at the time of the incident/accident  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) informed by: \_\_\_\_\_

Date \_\_\_\_\_ Time: \_\_\_\_\_

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Leader in charge of the programme: \_\_\_\_\_

Informed By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Further action taken:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_