



INCIDENT REPORT FORM

1. REPORT OF AN INCIDENT

THIS STATEMENT TO BE COMPLETED BY THE ACTIVITY LEADER OR THE LINE LEADER OF THE PERSON/S INVOLVED IN THE INCIDENT.

Name of Injured Person: _____

Address: _____

_____ P/Code: _____

Telephone / Mobile: _____ Gender: Male / Female

Occupation: _____ DOB: ____/____/____

Email contact _____

NOTE
Please print and attach additional information, if necessary to complete the form
ONE FORM PER PERSON

Injured Person's relationship to the Scout Association:

Youth member: Joey Scout Cub Scout Scout Venturer Scout Rover

Leader: Role _____ Adult Support Parent Other _____

Membership Number _____ Formation _____

Location of incident: (Where did the incident occur?) _____

Description of activity: (e.g. game, camping) _____

Date of incident ____/____/____ Time of incident: _____ am / pm

Injured person's description of incident: (What happened?) _____

Description of apparent injuries: (What are the injuries and what part of the body is affected?) _____

Signature of injured person _____ Date ____/____/____

Activity Leader: Name: _____ Signature _____ Date ____/____/____

Activity Leader: Phone _____ Address _____

THIS FORM IS TO BE COMPLETED AND SENT TO THE QUEENSLAND SCOUT CENTRE, P.O. BOX 520 TOOWONG QLD 4066, WITHIN SEVEN (7) DAYS OF THE INCIDENT.



2. WITNESS STATEMENTS

Name of Witness: # 1 _____

Address: _____ P/Code _____

Telephone / Mobile: _____ Membership # _____

Email: _____

Witness relationship to the Scout Association:

Youth member: Joey Scout Cub Scout Scout Venturer Scout Rover

Leader: Role _____ Adult Support Parent Other _____

Witness's description of incident: (what happened?) _____

Witness location at the time of the incident?: _____

What action did you take?: _____

Any request or communication from the injured person? _____

Signature of Witness # 1 _____ Date: ____/____/____

Name of Witness: # 2 _____

Address: _____ P/Code _____

Telephone / Mobile: _____ Membership # _____

Email: _____

Witness relationship to the Scout Association:

Youth member: Joey Scout Cub Scout Scout Venturer Scout Rover

Leader: Role _____ Adult Support Parent Other _____

Witness's description of incident: (what happened?) _____

Witness location at the time of the incident?: _____

What action did you take?: _____

Any request or communication from the injured person? _____

Signature of Witness # 2 _____ Date: ____/____/____



3. ADDITIONAL DETAILS

Indicate the part of body that appears to be injured: Please tick the appropriate box and mark with an arrow on body outline.

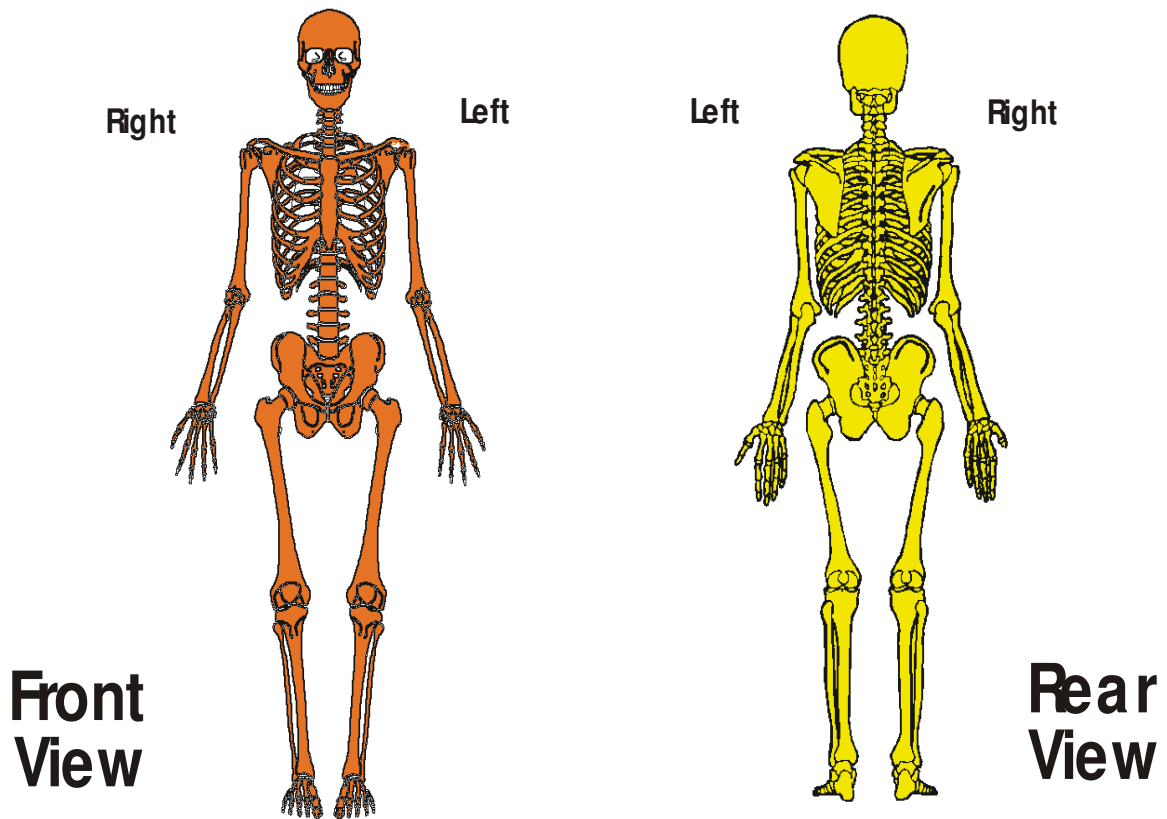
Head/Neck Arm/Wrist Head/Eye Hands/Fingers Back/Trunk Leg/Ankle Feet/Toes

Other (give details) _____

Possible Nature of injury: please tick appropriate box

FRacture DIslocation SPrain COncussion BRuising SUperficial

BUrn / SCald LAceration FI / SEizure Other (give details) _____



Please indicate, on the above. The type of possible injury and location. e.g. **FR** → FRacture

Medical Treatment:

First Aid administered **OR** refused No medical treatment given Ambulance Hospital Doctor

Name & Address of Medical Centre or Hospital _____

Please give details of First Aid administered prior to medical treatment _____

Name of person/s administering First Aid: _____

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