



Adventurer Club

Accident/Incident Form

Child's name _____ Age _____

Parent /guardian name(s) _____

Date of accident/incident _____ Time of accident/incident _____

Describe what happened _____

Describe the injury (if any) _____

What first aid was given?_(describe) _____

Additional comments _____

Person taken to hospital? Yes No

If yes, name of hospital _____

Parent notified? Yes No If yes, by whom _____

Witness name(s) _____

Staff member completing this report _____

Signature of staff member _____ Date report completed _____

Signature of parent/guardian _____ Date _____

Return this completed form to your Adventurer Club Director.