

***Accident Report Form: Greenock and District***

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| ***About the person who had the accident*** |
| Full name: |  |
| Address: |  |
| Postcode: |  | Telephone number: |  |
| Group &Section: |  |
| Position/Role: |  | Date of birth: |  |

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| ***About the accident*** |
| When it happened, Date: |   | Time: |  |
| Location:(including room if applicable) |  |
| What happened:(give cause if known) |  |
| Nature and location of injuries to casualty:(if any) |  |
| Witnesses: |  |

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| ***Treatment and follow-up*** |
| Treatment given:(list who provided the treatment and any first aid equipment used) |  |
| After the accident the person involved:(tick as appropriate) | Continued activity [ ] Went home [ ] Went to see GP [ ] Hospital [ ]Transport: Car [] Taxi [ ] Emergency Ambulance [ ] None [ ] Other location / transport [ ]: |
| List any other actions taken / notes: |  |

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| ***About you*** |
| Full name: |  |
| Group & Section: |  |
| Signed: |  | Date: |   |

Please email to DC Martin Buchan – martin.buchan@thescouts.org.uk.

If any treatement neeed by a nurse, doctor or detist then a full Gilwell accident form will be needed as well.