



This form is to be completed by an adult witness or Leader whenever an incident or injury requiring first aid or secondary medical attention occurs (e.g. injury leading to person going to a medical centre).

The completed form should be returned to Basso Church, Administration Officer (Kerry Jacques) via email: admin@bassochurch.org.au

GENERAL INFORMATION

Name of injured person: _____ Date of birth: ____ / ____ / ____

Address: _____

Email: _____

Names of parents/guardians (if under 18):

Name of Leader supervising at time of incident:

Email: _____ Phone: _____

Name of any other witness of incident:

Email: _____ Phone: _____

DESCRIPTION OF INCIDENT

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

Location of incident (address, specific room/space):

What was the person doing when the incident happened?

Describe the incident (use additional pages if necessary):

What area of the body was injured (i.e. right forearm bruised, deep scratch above left eye)?



Was first aid given or some other action taken? (Please Circle) YES / NO

Name of First Aid attendant: _____ Phone: _____

Details of First Aid treatment:

Was the injured person taken to hospital/doctor as a result of the incident? (Please Circle) YES / NO

Name and address of hospital or medical centre:

To whom was the incident/injury first reported?

Date Report: _____ / _____ / _____ Reported by: _____

ANY FURTHER ACTION

Is any further action recommended (e.g. do we need to take action to reduce hazard or prevent incident from recurring? (Please Circle) YES / NO

If YES, please outline:

Person responsible for further action (if recommended): _____

Do I need to refer this to the Safe Ministry Representative (Alana Borgogno or Zalman Jacques):
(Please Circle) YES / NO

FORM COMPLETED BY

Full Name: _____ Signature: _____

Role: _____ Date: _____ / _____ / _____

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admin@bassochurch.org.au

Office Use Only:
Further action to be taken: Y / N If YES, details of referral for action: _____
Need to refer to Safe Ministry Representative: Y / N If YES, date referral made: _____
Comments:

Form to be scanned and filed.