

Parish of St Paul's & St Barnabas

**Accident Report Form -Children**



Name of injured person \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Parent/guardian's name \_\_\_\_\_

Event/meeting and location \_\_\_\_\_

Date of event/meeting \_\_\_\_\_

Details of accident

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Names of witnesses \_\_\_\_\_

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Action taken and by whom (details of first-aid, medical or PSNI involvement)

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Signed (Leader) \_\_\_\_\_

Date \_\_\_\_\_

Countersigned (witness) \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent (if subject of report is a child) \_\_\_\_\_

**General Data Protection regulations:** We are committed to protecting your personal information. By completing and signing this form you are confirming that you are consenting to the parish holding and processing your personal data for the purpose of contacting you by post, phone or

*electronically with regard to this matter. If you have any questions about how we process your personal data contact the church leader.*

***The completed report form should be returned to a Parish Panel member***