

Accident and incident form.

Date __/__/____

Time of occurrence _____

Key worker involved _____ / _____

Holidaymakers involved _____ / _____

Brief description of incident.

Has any body related to the accident / incident sustained any injuries (yes / no)

What injuries were sustained and how was it treated?

Has holiday makers family / careers or principal person been informed (yes - no)

Who has been informed? Name _____

By who? Name _____

What actions if any the families, careers, or principal people have suggested.

Has the incident been discussed with the staff team? (Yes / no) with the holiday maker (yes / no)

What action has been agreed on by the staff team

What action the holidaymaker has agreed on.

Signature of person filing out this form _____