

Cana Ireland
Accident Report Form

Full name of injured person _____

Relationship of injured person to Cana Ireland (i.e. volunteer, child of retreatant, etc.)

Date, time and location of the accident: _____

Give a brief description of the accident, including events leading up to it. You may use the back of this form if required.

Nature and full extent of the injuries: (e.g. broken left wrist, cuts and bruising to right knee)

Was first aid given? _____ By whom? _____

Was the injured person referred to a doctor, an A&E? _____

Treatment given: _____

To whom was the accident reported? _____

Names of main witnesses to the accident: _____

As far as you can reasonably determine, what caused or contributed to the accident/ incident? Have you any suggestions how to prevent a similar accident in future? (e.g. a slippery floor, faulty equipment, emotional upset, poor understanding, etc.)

To whom has the accident been reported? _____

Signed: _____ Date: _____

Signed on behalf of Cana Ireland: _____ Date: _____

