



Durham Tees Valley School
Egglescliffe School and Sixth Form
Email: dtvschool2014@gmail.com
Contact via SMS only: 07484149020 / 07877081290

Incident / Accident Reporting Form

In the event of an incident/accident, the following procedure should be followed by the club or organisation:

1. Fill in 2 copies of this form for incident/accident.
2. Contact parents/carers.
3. Add 1 copy of the form to the incident book/folder.
4. Forward 1 copy to the designated person for record keeping/action required.
5. Contact emergency services / GP if required.
6. Record all facts surrounding the incident/accident, including witnesses, etc.
7. Any further action.
8. Sign off on any action required from the Safeguarding Lead or Deputy Safeguarding Lead.

Contact information - responsible adult



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Name of Person in attendance	
Address	
Contact number(s)	
Email	
Name of organisation/ Location	

Incident person information - child / young person			
Name			
Address			
Date of birth & Gender M/ F			
Has the child / young person returned to the organisation following the incident/accident?	No ☐	Yes ☐	
Incident/Accident information (use another sheet if needed)			
Date of accident/incident		Time of incident/accident	
Date Reported		Time Reported	
Who reported the accident?			
Location of incident/accident			
Details of incident/injury			



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Nature of incident/ injury and how it happened.		
Did anyone witness the incident/accident?	No ☐	Yes - please give name(s) and details of witness(es) ☐
Was first aid involved?	No ☐	Yes - please give details. ☐
Have parents/carers been notified?	No ☐	Yes - please state by whom and when ☐
Recommended action to be taken.		
Referred to designated person(s)?	No ☐	Yes - please have them sign the declaration at the end ☐
Form completed by (print your name)		
Your signature	✕	

Declaration - designated person	
Signature of the management representative	✕
Print name	
Role within organisation	
Today's date	



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