North East Dance Project

Accident & First Aid Incident Report Form

Date of incident:

Time of incident:

Venue / address:

Person involved

Name:

First aider:

Other persons involved / witnesses:

Incident details

Describe what happened, including the nature and location of any injury:

First aid / treatment provided

Describe the first aid or treatment provided:

Outcome

Was further medical attention recommended or required?

Please provide details:

Was the person able to continue the activity?

Any further action required:

First aider's name:

First aider's signature: _____ Date: _____