

INCIDENT REPORT AND ACCIDENT FORM

****Active Starz****

Multi-sport Wraparound Sessions for Primary School Children

****To be completed for all accidents, injuries, near-misses, behavioural incidents, safeguarding concerns, or significant events****

INCIDENT DETAILS

****Date of Incident:**** _____ ****Time:**** _____ ****Day:**** _____

****Location:**** _____

****Session/Activity:**** _____

****Staff Present:**** _____

****Number of Children Present:**** _____

CHILD DETAILS

****Child's Full Name:**** _____ ****Age/Year Group:**** _____

****School:**** _____

****Parent/Carer Contact:**** _____ ****Phone:**** _____

INCIDENT TYPE

Please select the type of incident:

- [] ****Accident/Injury**** – Unintentional injury to a child
- [] ****Near-Miss**** – Incident that could have resulted in injury but didn't
- [] ****Behaviour Concern**** – Aggressive, bullying, or inappropriate behaviour
- [] ****Safeguarding Concern**** – Possible abuse, neglect or harm
- [] ****Medical Emergency**** – Severe illness or injury requiring emergency services

- ☐ ****Equipment/Facility Issue**** – Unsafe equipment or environmental hazard
- ☐ ****Other**** (please specify): _____

DETAILED DESCRIPTION OF INCIDENT

****What happened? Please provide a clear, factual account:****

****Who was involved?**** (names and ages/year groups if children)

****Were there any witnesses?**** ☐ Yes ☐ No

If yes, names of witnesses:

CONTRIBUTING FACTORS

****What factors contributed to this incident?**** (please select all that apply)

- ☐ Poor weather conditions
- ☐ Slippery or wet surface
- ☐ Equipment failure or defect
- ☐ Lack of supervision
- ☐ Child's own actions or choices
- ☐ Inappropriate activity for age/ability
- ☐ Inadequate space
- ☐ Other child's actions or behaviour

- ☐ Lack of clear instruction
- ☐ Other (please specify): _____

FOR ACCIDENTS/INJURIES ONLY

Nature of Injury

****Describe the injury:****

****Body part affected:**** _____

****Severity:****

- ☐ Minor (bumps, bruises, small cuts)
- ☐ Moderate (sprains, larger cuts, some bleeding)
- ☐ Severe (fractures, severe bleeding, unconsciousness)
- ☐ Very Severe/Life-Threatening (emergency response required)

First Aid Given

****First aid administered:****

- ☐ No first aid needed
- ☐ Minor wound cleaning and dressing
- ☐ Ice applied for swelling
- ☐ Elevation/rest
- ☐ Paracetamol/Ibuprofen given (if available and consented)
- ☐ Other: _____

****By whom:**** _____ ****Time:**** _____

****Child's response to treatment:****

Medical Attention Required

- ☐ No medical attention needed
- ☐ Minor injury, no medical attention
- ☐ Parent/carer contacted to collect child
- ☐ Parent/carer advised to seek medical attention
- ☐ Ambulance called
- ☐ Attended by Emergency Services
- ☐ Admitted to hospital

****If medical attention sought:****

- ****Hospital/Doctor:**** _____
- ****Time attended:**** _____
- ****Diagnosis/Treatment:**** _____

- ****Any follow-up required:**** ☐ Yes ☐ No

FOR BEHAVIOURAL/SAFEGUARDING INCIDENTS ONLY

Nature of Concern

****What was the concerning behaviour or situation?** (be specific and factual)**

****What did the child say or do?** (quote if possible)**

****Why is this concerning?** (describe what made this unusual, inappropriate or alarming)**

****Any visible signs of harm or distress?****

- ☐ Yes ☐ No If yes, describe: _____

Child's Behaviour/Presentation

- ☐ Withdrawn or quiet
- ☐ Anxious or tearful
- ☐ Aggressive or angry
- ☐ Confused or disorientated
- ☐ Compliant/over-compliant
- ☐ Defiant
- ☐ Other (please specify): _____

IMMEDIATE ACTIONS TAKEN

****What action was taken immediately after the incident?****

- ☐ First aid administered (described above)
- ☐ Child comforted and reassured
- ☐ Other children supervised and reassured
- ☐ Parent/carer contacted
- ☐ Incident isolated and contained
- ☐ Designated Safeguarding Lead informed
- ☐ Other: _____

****Time parent/carer contacted:**** _____

****Parent/carer response:****

****Time Designated Safeguarding Lead informed:**** _____

****DSL response/action:****

WITNESSES' ACCOUNTS

****If there were witnesses (staff or children), record their accounts:****

****Witness 1:****

****Name:**** _____ ****Role:**** _____

****Account:****

****Signature:**** _____ ****Date:**** _____

****Witness 2:****

****Name:**** _____ ****Role:**** _____

****Account:****

****Signature:**** _____ ****Date:**** _____

PREVENTATIVE MEASURES

****What could have been done to prevent this incident?****

****What action will be taken to prevent similar incidents?****

- ☐ Activity modified or cancelled
- ☐ Additional supervision put in place
- ☐ Equipment checked or repaired
- ☐ Environmental changes made
- ☐ Staff training provided
- ☐ Rules/expectations clarified
- ☐ Other: _____

****Action to be taken by:**** _____ ****By date:**** _____

FOLLOW-UP REQUIRED

- ☐ None – incident closed
- ☐ Parent/carers follow-up meeting
- ☐ Child review meeting
- ☐ Staff training/review
- ☐ Investigation by Designated Safeguarding Lead
- ☐ Referral to external agency (describe below)
- ☐ Equipment/facility inspection
- ☐ Other: _____

****Follow-up Details:****

EXTERNAL AGENCY REFERRAL (if applicable)

****Has this incident been referred to an external agency?****

- ☐ No

- ☐ Yes (please complete below)

****Agency:**** _____

****Contact Person:**** _____ ****Phone:**** _____

****Referral Date:**** _____

****Referral Details:****

****Reference Number (if provided):**** _____

INSURANCE INFORMATION

****Is this incident potentially an insurance claim?****

- ☐ No

- ☐ Yes – to be referred to insurance provider

****Incident Reference Number:**** _____

****Insurance Company:**** _____

****Policy Number:**** _____

RECORD KEEPING

****Report Completed By:**** _____ ****Date:**** _____

****Role:**** _____

****Signature:**** _____

****Report Reviewed By:**** _____ **(DSL or Manager)** ****Date:****

****Signature:**** _____

FILING

- ☐ Original report filed in child's personal file
- ☐ Copy filed in Incident Register
- ☐ Copy provided to parent/carer
- ☐ Copy retained by staff member completing report
- ☐ Confidential file created (if safeguarding concern)

****Filed By:**** _____ ****Date:**** _____

CONFIDENTIALITY

This report contains sensitive and confidential information. It must be:

- Stored securely in a locked file
- Only accessed by those with a need to know
- Not discussed or shared unnecessarily
- Treated with appropriate sensitivity and professionalism
- Retained in accordance with data protection requirements

****NOTES:****

1. ****All incidents must be reported**** – Even minor incidents should be recorded for patterns and insurance purposes
2. ****Be factual and objective**** – Use direct quotes where possible, avoid interpretation or judgement
3. ****Report promptly**** – Complete this form within 24 hours of the incident while details are fresh
4. ****Confidentiality**** – Treat all information as confidential
5. ****Escalation**** – Any serious incident or safeguarding concern must be reported to the Designated Safeguarding Lead immediately

****For Office Use Only****

****Incident Register Number:**** _____

****Date Added to Register:**** _____

****Any Patterns Identified:**** ☐ Yes ☐ No

****Notes:**** _____