



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/carer 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:**** _____