

# Group Accident Record Sheet

Name : \_\_\_\_\_ Group : \_\_\_\_\_

Date : \_\_\_\_\_ Time : \_\_\_\_\_

Location of accident : \_\_\_\_\_

How the accident happened : \_\_\_\_\_

\_\_\_\_\_

Materials used in treatment : \_\_\_\_\_

Name of person who treated this person : \_\_\_\_\_

Did the person have any external treatment ?  
( *No* or *Doctors* , *Dentist* , *Hospital* , \_\_\_\_\_ )

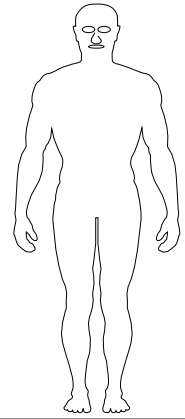
Any other details : \_\_\_\_\_

***Please make sure this form is kept somewhere centrally within your group,  
and if needed, the parent or carer is informed of the accident  
when the young person is collected.***

[www.colonyresources.co.uk](http://www.colonyresources.co.uk) • [www.packresources.co.uk](http://www.packresources.co.uk)

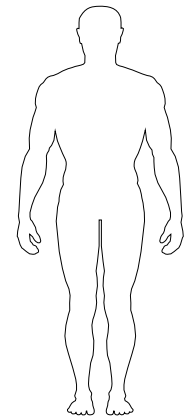
Designed by  
Stuart Leacy

Front of person



***Need to circle where***

Back of person



# Group Accident Record Sheet

Name : \_\_\_\_\_ Group : \_\_\_\_\_

Date : \_\_\_\_\_ Time : \_\_\_\_\_

Location of accident : \_\_\_\_\_

How the accident happened : \_\_\_\_\_

\_\_\_\_\_

Materials used in treatment : \_\_\_\_\_

Name of person who treated this person : \_\_\_\_\_

Did the person have any external treatment ?  
( *No* or *Doctors* , *Dentist* , *Hospital* , \_\_\_\_\_ )

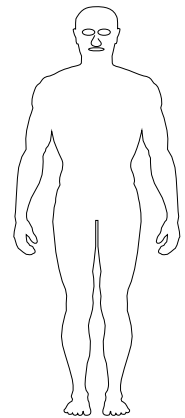
Any other details : \_\_\_\_\_

***Please make sure this form is kept somewhere centrally within your group,  
and if needed, the parent or carer is informed of the accident  
when the young person is collected.***

[www.colonyresources.co.uk](http://www.colonyresources.co.uk) • [www.packresources.co.uk](http://www.packresources.co.uk)

Designed by  
Stuart Leacy

Front of person



***Need to circle where***

Back of person

