



ACCIDENT NOTIFICATION FORM

COMPANY DETAILS

Company Name: _____

Name and Address of Captain: _____

Postcode: _____

Telephone Number: _____ Email: _____

MEMBER DETAILS

Name (of member suffering injury): _____ Date of Birth: _____

Address: _____

Postcode: _____

Telephone Number: _____ Email: _____

Parent/guardian Name & Telephone Number (if applicable): _____

ACCIDENT DETAILS

Date/Time: _____ Place/location: _____

Details of accident: _____

Details of injury: _____

Details of any treatment given: _____

Witness's Name: _____ Address: _____

Postcode: _____

Was the activity in which the injury occurred supervised? _____

Name and Address of person(s) supervising: _____

ACCIDENT AT CAMP/HOLIDAY

Name of leader holding a valid Camp and Holiday Leadership Certificate: _____

Leader Registration Number: _____

Telephone Number: _____ Email: _____

Captain's signature: _____ Name: _____ Date: _____

A copy must be sent to Brigade Headquarters, Felden Lodge, Felden, Hemel Hempstead, Herts, HP3 0BL

All communications will normally be channelled through the Captain.