

Incident Accident Record

Safeguarding Children/ Young People Under 18

St John's Parish, Tralee.



1. Name of Church Organisation:

Venue/Activity/Group/Event:

Date/Time:

Name of Group Leader/Person Responsible:

Names of others present:

2. Location of Incident/Accident:

Detail of Incident/Accident:

Name of Child/Young Persons involved:

Contact details of parents/guardians:

Name: _____

Telephone No: _____

3. Action taken both during and following incident:

4. Any Follow-up Action required?

Signed and Dated: _____