Accident Notification Form





Accidents which require professional medical treatment must be reported to BBNI. This is an insurance requirement. Please complete this form and email to lisa.keys@boysbrigadeni.org as soon after the accident as possible.

All communication regarding accidents must be made through the captain/ correspondent.

Company Name:					
Captain/Correspondent's Name:					
Telephone number:	E	Mail:			
Member Details					
Name of person injured:		DOB:			
Address of person injured:		Telephone no:			
Postcode:					
Parent/guardian details: (if applicable)					
Name:		Telephone No:			
	E	Email:			
Accident details:					
Date of incident:		Time of incident:			
Place/location of accident:					
Details of accident:					



Details of injury:						
Note details of any treatment give						
Witness details: (if applicable)						
Name and Address:		Telephon	e No:			
		Email:				
Was the activity supervised when the accident occurred?		Yes No D				
Have you retained any defective equipment	,	Yes 🗌	No 🗆	None involved		
If so, where is it being kept and by whom?						
What action have you taken to prevent a recurrence of the accident?						
Signature of person in charg	e of group	at time o	of accider	nt		
Signed:	PRINT name:			Date:		
Signature of captain						
Signed:	PRINT name:			Date:		

