

SCOUTS AUSTRALIA

Victorian Branch

INJURY ILLNESS OR INCIDENT REPORT FORM

Please fill in the details with dark coloured lnk

(Please complete a separate form for each person injured or affected by the incident)

| DETAILS OF INCIDENT | | | | |
|---|--|---------------------------|----------------------------------|---|
| Person in charge | | | | |
| Date occurred | | | Time Occurred | |
| Location | | | | |
| Group & District | | | | |
| Full Name of Person Affects | ed: | | | |
| | | | Reg. No, | |
| Age | | | Phone No. | |
| Address | | | | |
| | | | | |
| Name of Parent / Next-of-kin | ١ | | | |
| | | | | |
| Please explain the nature of | the incident and how it occurred | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Please explain the actions taken (and by whom) immediately following the incident: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Please provide names, addresses and phone numbers of those (preferably Adults) who actually witnessed the incident or who were first on the | | | | |
| scene or the first to know at | out it: | | | |
| | | | | |
| | | | | |
| •••• | | | | |
| | | | | |
| (Please ask those listed to separately | write down their own recollections of what a | ctually occurred or of wh | nat they saw or were told and en | sure that a copy is attached to each copy of this report) |
| REPORTING OF INCIDEN | Т | | | |
| Name & Address of Doctor consulted: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Did Ambulance attend? | Yes No | | Name of Hospital | |
| Was the incident reported t | , | | | |
| (If "yes' please indicate the name of the Police Station to which the report was made and attach a copy of the formal statement) | | | | |
| | | | | |
| Name of person reporting ir | | | Position (rank) held | |
| Address | | | | |
| Telephone No | | | Email address | |
| Scout Group | Distri | | Lindii dddic33 | Danier |
| | | | | |
| Signature | | | Date | |

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INJURY ILLNESS OR INCIDENT REPORT FORM

EACH OF THE FOREGOING IS GENERALLY REFERRED TO AS BEING A "REPORTABLE INCIDENT".

Following is a brief summary of procedures to be followed **should anyone**:

- Sustain an injury requiring medical or dental treatment; or
- Suffer a sickness requiring medical treatment; or
- Become directly involved in a serious incident whilst engaged in a Scouting activity

If at any time a person is injured or suffers an illness to the extent envisaged above or who is directly involved in a serious accident, whether arising out of activities in the Scout hall or at an outdoor location, it is essential that prompt measures are taken:

- to obtain appropriate medical, dental or other relevant treatment immediately. (Permission to obtain medical assistance when thought necessary will have been given by parents upon signing the Y1 form or, in the case of an overnight activity, by signing the Personal Information Record and Health Statement); or
- to notify the relevant authorities and, if necessary, seek urgent assistance in the case of a serious incident in which a Youth member or Adult member is involved: **and**
- to notify without undue delay, the injured or affected person's parents (in the case of a Youth member) or next of kin (in the case of an Adult); **and then**
- in the case of a life-threatening injury or illness, notify the Executive Manager, Dougal Mayor on 03 8543 9802.

When the injury or illness has been treated and the patient is comfortable or (in the case of a serious incident) as soon as possible after the immediate risk has abated or been contained, it is essential that all details relating to the injury / illness or incident are recorded on an *Injury*, *Illness or Incident Report Form*.

A copy of the pro-forma report is available from the Scout website at www.vicscouts.asn.au. The completed report is to be sent promptly by express post to the Executive Manager, Victorian Scout Centre, PO Box 774, Mt. Waverley Vic 3149.

Due to Privacy considerations, copies are not to be made or retained.