

Office Use Only :

Reference Number : / /

Scout Association of Hong Kong Accident Report

Notes:

1. This report must be filled in by the organiser/instructor who is in charge of the activity or the respective unit of the Association, and **the original report together with the relevant activity circular (if any) must be sent to the Administration Branch through the respective unit within 7 working days after the accident.** If the accident involves serious injury and/or death, the organiser/instructor must report to the Administration Branch within 3 working days after the accident.
2. This accident report is confidential and for internal use only.
3. Pursuant to the Association's insurance policy, without prior consent of the Association and its insurer, the report must not be released to any other party, including the injured.

Date of the accident: _____ YY _____ MM _____ DD Time: _____ Hour _____ Min *AM/PM

Name of Activity: _____

Place where the accident happened : _____

Organiser: _____

Injuries sustained, indicating the part of the body injured (e.g. left hand etc) and the type of injury (e.g. fracture, cut, bruise etc) _____

Personal Information of the Injured:

Last Name: _____ First name: _____

Scout ID/ Cert. of Appointment or Warrant No: _____

HKID/Passport No: _____ (For non-Scout member) Age: _____ *Sex: Male/Female

Contact telephone number: _____ E-mail Address: _____

Address: _____

Unit/Group: _____ Position: _____

Please fill in the following information if the injured is under 18:

Parent/Guardian's Name: _____ Relationship with the injured: _____

Contact telephone number: _____ E-mail Address: _____

Has ambulance service been involved? * No / Yes (If yes, please complete the followings:)

Name of the person who called the ambulance: _____ Contact Telephone Number: _____

Unit/Group: _____ Position: _____

Time called for the ambulance: _____ Hour _____ Min *AM/PM Time ambulance arrived _____ Hour _____ Min *AM/PM

Name of the hospital/clinic the injured was delivered to: _____ *Discharge on the same date/Admission(____ days)

Name of the person who accompanied the injured to the hospital/clinic: _____ Contact Telephone Number: _____

Unit/Group: _____ Position: _____

Was the accident reported to the police? * No / Yes (If yes, please complete the followings:)

Police Station to which the accident was reported : _____

Case reference number: _____

Any witness(es)? * No / Yes (If yes, please complete the followings:)

Name of Witness: _____ Contact Telephone Number: _____ *Sex: M/F

Address: _____

Unit/Group: _____ Position: _____

(please use separate sheet if necessary)

Details of Accident:

Date/Time	Description

(please use separate sheet if necessary)

Follow up Action:

Date/Time	Description

(please use separate sheet if necessary)

Organiser/Instructor/Respective Unit of the Association

Name: _____

Position: _____

Signature: _____

Unit/Group: _____

Date: _____

Contact Telephone Number: _____

E-mail Address: _____

For Use by the Respective Scout Unit Only

Date of Received Accident Report: _____

I have read the above accident report.

Unit: _____

Signature of Unit Head: _____

Date: _____

Name: _____

Remarks: _____

**Please delete whichever is inapplicable.*