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**Accident report form**

Name of injured person

Age

Address

Telephone

Event/meeting and location

Date of event/meeting

Details of accident

Names of witnesses

Action taken and by whom (details of first-aid, medical or Garda involvement)

I declare that the above to be true in every respect.

Signed Date

Position

Countersigned Date

***The completed report form should be returned to the Hon. Secretary of the Select Vestry***