

Office Use Only :
Reference Number : / /

(July 2006)
【Internal Document】

Scout Association of Hong Kong Accident Report

Notes:

1. This report must be filled in by the scout leader/tutor who is in charge of the activity or staff of scout campsite/centre, and **the original report together with the relevant activity circular (if any)** must be sent to the Administration Branch through the respective unit/region within 7 working days after the accident. If the accident involves serious injury and/or death, the scout leader/tutor 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 release to any other party, including the injured.

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

Name of the activity: _____

Place of the accident happened : _____

Organization of the activity: _____

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

Injured's personal information:

Last Name: _____ First name: _____ *Sex: M/F

*HKID/Passport No: _____ () Age: _____ Contact telephone number: _____

Address: _____

Unit/Group: _____

Position: _____

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

Guardian's Name: _____	Relationship with the injured: _____	Contact Telephone Number: _____
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Did ambulance service involve? * No / Yes (If yes, please complete the followings:)

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

Unit/Group: _____ Position: _____

Time called the ambulance : *AM/PM _____ Hour _____ Min	Time ambulance arrived *AM/PM _____ Hour _____ Min
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Name of the doctor(s)/ hospital: _____ *Discharge on the same date/Admission(days _____)

Name of the person who
took the injured to the hospital: _____ 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)

