

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**

I have read the above accident report.

Date of Received Accident Report: \_\_\_\_\_

Unit: \_\_\_\_\_ Signature of Unit Head: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Remarks: \_\_\_\_\_

*\*Please delete whichever is inapplicable.*