

Injury /Illness Record		
Use this form to report all incidents, injuries/illnesses related to volunteer activities All injuries and volunteer related illnesses must be reported immediately		
Details of injured volunteer		
Name		
Group		
Address		
Phone		
Email		
Witness Details		
Name		ID No:
Group		
Address		
Phone		
Email		
Details of Injury		
Details of Incident		
Location of Incident		
Date of Incident		Time
Name of Group		
Medical Treatment		
Name of Doctor or Hospital		
Address		
Phone Number		
Treatment given		
Further Treatment Required		
Safety Officers Report		
Action taken, please highlight		
<input type="checkbox"/> Reported to Group Secretary		
<input type="checkbox"/> Recorded by Group		

All incidents to be reported to Shirley Lack
Email: babywombats@bigpond.com