



The N I Squirrel Association

INCIDENT NOTIFICATION FORM



**The N I Squirrel Association
Northern Ireland Scout Council
109 Old Milltown Road
Belfast
BT8 7SP**

All forms must be returned to the above address

Date of Notification Time am / pm

Name of injured person.....

Squirrel Drey.....

District.....

County

Date of Incident.....

Where Incident occurred.....

Activity in which injured person was involved

.....

Cause of Incident.....

.....

Nature of Injury

Is it known if there has been any medical attention at Hospital, Doctors or Dentists.....

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Name and Address with whom we should correspond

Name

Address.....

Email..... Telephone Number.....

For Scout Office Use only

Incident Report Form sent - Date Initials