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A member of Playgroup Australia

ACCIDENT/INCIDENT FORM

Please complete this report, send one copy to the ACT Playgroups Association and keep one for your records. This report is for notification only and does not constitute an Insurance Claim. If you wish to pursue a claim, please indicate below.

Insurance Claim Form Required: (Please circle) Yes No

NAME:

DATE and TIME of Accident/Incident:

VENUE/PLAYGROUP NAME:

CONTACT PERSON:

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ACCIDENT/INCIDENT:

Describe only what happened, (not opinions)

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Witnesses present:

Treatment (if required):

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Follow-up treatment (if required):

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Name (Please Print):

Contact Number/s:

Signature:

Date: