

# CHILDREN IN HOSPITAL IRELAND: INCIDENT REPORT FORM



Making hospital a happier place through play and advocacy

**Children  
In Hospital**  
Ireland (CIH)

Please Post or e-mail to:

Elizabeth Morrin  
elizabeth@childreninhospital.ie  
Children in Hospital Ireland  
4-5 Burton Hall Road  
Sandyford, Dublin 18

This form is used for the purpose of reporting to the Children in Hospital Ireland Volunteer Manager and DLP an incident that you encountered while volunteering in a hospital, including accidents and injuries or child protection and safeguarding concerns. This report will be filed and stored securely and only shared on a 'need to know' basis.

Date & Time of Incident: \_\_\_\_\_

Location: Hospital and area within hospital \_\_\_\_\_

Name of child/young person whom this report concerns \_\_\_\_\_

Who was present? \_\_\_\_\_

What happened? Give a detailed description of what you saw/heard:

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What did you do in response?

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Incident reported to: \_\_\_\_\_

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Please tick all **Reporting Methods** used:

This form  In person to Children in Hospital Ireland staff member  By email  By phone

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

Signature of person completing this form: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Contact e-mail address: \_\_\_\_\_

Printed name of volunteer completing form: \_\_\_\_\_

## For Office Use

Date Received:

Received by & Signed:

Follow Up Notes:

(Please attach follow up report to this sheet)