

Incident / Accident Report



1. Site where accident took place:					
2. Name of person in charge of session / competition:					
3. Name of injured person:					
4. Address of injured person:					
5. Date and time of incident / accident:					
6. Nature of accident / incident:					
7. Details of how and precisely where the accident place, and describe what activity was taking place (e.g. training programme, getting changed, during match etc):					
8. Details of the action taken, including any first aid treatment and the name(s) of the first-aider(s):					
9. Were any of the following contacted?					
• Police	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Place an 'X' in the appropriate box
• Ambulance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
• Parent / Guardian	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
10. What happened to the injured person after the accident? (e.g. went home, went to hospital, carried on with session etc):					
11. All of the above facts are a true and accurate record of the incident / accident:					
Signed:					
Name (Print):					
Date:					