



## Accident/Incident Report Form

Name of person in charge of session/competition \_\_\_\_\_

Site where incident/accident took place \_\_\_\_\_

Date of incident/accident \_\_\_\_\_

Name of injured person \_\_\_\_\_

Address of injured person \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of incident/injury and extent of injury. Include details of how and precisely where the incident occurred

Describe what activity was taking place, e.g. training/game/match

Give full details of action taken during any first aid treatment and the name(s) of any first aider(s).

Were any of the following contacted?

Parent(s)/carer(s) Yes / No

Police Yes / No

Ambulance Yes / No

What happened to the injured person following the incident/accident? e.g. carried on with session, went home, went to hospital

All of the above facts are a true record of the accident/incident

Name

Signed

Date

In the event of an accident/incident relating to training or faulty equipment/facilities please advise a committee member as soon as possible after the accident/incident.