

CHINNOR Rugby Football Club in Thame

Incident / Injury Report Form



Name of injured person:

Team / age group / section:

Address of injured person (if known):

Date and time of incident / accident:

Nature of incident/accident:

Location where incident / accident took place:

Name of person in charge of session/competition:

Give details of how and precisely where the incident / accident took place. Describe what activity was taking place (match, training session, training game etc.)

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

Were any of the following contacted?

Police: YES/NO

Ambulance: YES/NO

Parent / carer: YES/NO

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

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

SIGNED:

PRINT NAME:

DATE:

PLEASE PUT ALL COMPLETED FORMS IN THE 'FIRST AID' POSTBOX LOCATED IN THE PLAYERS BAR. ANY SERIOUS INJURIES, INC. HEAD INJURIES, BREAKS, AMBULANCE AND / OR HOSPITAL TREATMENT; MUST BE NOTIFIED TO FIRST AID COORDINATOR firstaid@chinnor-rfc.com , SECTION CHAIRMAN, AND / OR CLUB SECRETARY AS SOON AS POSSIBLE (WITHIN 24HOURS OF INCIDENT). THE CLUB HAS A RESPONSIBILITY TO NOTIFY THE RFU OF SERIOUS INJURIES/OVERNIGHT HOSPITAL STAYS WITHIN 48H.