

BRIGHTLINGSEA REGENT FOOTBALL CLUB

T: 01206 304199 www.brightlingsearegentfc.com



Dealing with an Incident/Accident

Report Form

Name of club: _____

Site where the incident/accident took place: _____

Name of person in charge of session: _____

Name of injured person(s): _____

Address of injured person: _____

Post code: _____

Date and time of incident/accident: _____

Nature of incident/accident: _____

Give full details of how and precisely where the incident/accident took place.

Describe what activity was taking place (e.g. training programme, getting changed):

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

Incident Guidelines

(1) Stay calm but act swiftly and observe the situation. Is there danger of further injuries?

(2) Listen to what the injured person is saying.

(3) Alert the first-aider who should take the appropriate action for minor injuries.

(4) In the event of an injury regarding specialist treatment, call the emergency services.

(5) Deal with the rest of the group and ensure that they are adequately supervised.

(6) Do not move someone with major injuries – wait for the emergency medics.

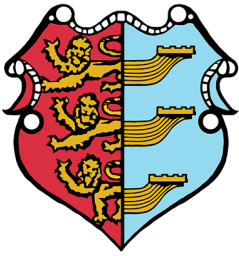
(7) Contact the injured person's parent/guardian.

(8) Complete this incident/accident report form

Brightlingsea Regent Football Club
North Road, Brightlingsea, CO7 0PL



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Were any of the following contacted (please tick)?

Police

Ambulance

Fire Service

Parent/Guardian

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

Additional Notes:

All of the above are a true and accurate record of the incident/accident

Signed: _____ Date: _____

Name (print): _____

Form to be returned to the Club Secretary

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