

Incident/Accident Reporting Form

Name of Club	
Site where accident took place	 Give details of how and precisely where the accident took place. Describe what activity was taking place, eg. training programme, getting changed, etc.
2. Name of person in charge of session/competition	
3. Name of injured person	
4. Address of injured person	8. Give 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 contaced
5. Date and time of incident/accident	Police Yes No Ambulance Yes No Parent/Guardian Yes No
6. Nature of accident/incident	10. What happened to the injured person after the accident? (eg. went home, went to hospital, carried on with session)
	10. "All of the above facts are a true and accurate record of the incident/accident.
	Signed
	Name (Print)
	Date