HEATHFIELD & WALDRON RUGBY FOOTBALL CLUB

Incident/Accident Reporting Form

Date of Incident					Time of Incident	RFC
Location of Incident						
Person in charge of session/co	mpetition					
Name of Injured Person					Date of Birth	
Address of Injured Person						
Telephone:				Mobile:	Postcode:	
Nature of Incident/Accident and Description of Injuries						
Details of action(s) taken at the time, including any First Aid treatment, and name(s) of First Aider(s)						
Were any of the following contacted (please tick):						
Police		·			Ambulance	
Parent/Carer		Name				
What was the outcome (please	e tick)?					
Continued Playing					Went home	
Went to hospital		If yes, which hospital?				
Other - please give details						
All of the above details are provided as a true and accurate record of the incident/accident						
Signed]	Position	
Name]	Date	
Junior Chair: Mark Greenlees markgreenlees.hwrfc@gm		Chair: Jam	es Crane Club S rane.hwrfc@gmail.co		g Officers: Amina Bevace evacqua@gmail.com ama	