

# Incident/Accident Report Form

NAME OF CLUB **THATCHAM TOWN HARRIERS FOOTBALL CLUB**

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1. Site where accident took place:

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2. Name of person in charge of session/competition:

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3. Name of injured person:

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4. Address of injured person:

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5. Date and time of incident/accident:

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6. Nature of incident/accident:

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7. Give details of how and precisely where the accident took place. Describe what activity was taking place e.g. training programme, getting changed, etc.

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

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9. Were any of the following contacted:

Police: Yes ☐ No ☐ Ambulance: Yes ☐ No ☐ Parent/Guardian: Yes ☐ No ☐

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

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

Signed: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_