

SIDCUP RUGBY FOOTBALL CLUB

Accident Report Form

Name of person in charge of session/match.....

Site where incident/accident took place.....

Name of injured person.....

Team..... Age.....

Date of incident/accident.....

Nature of incident/accident and extent of injury.....

.....

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

Describe what activity was taking place. eg training, game, getting changed etc.

.....

.....

.....

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

.....

.....

.....

Were any of the following contacted:

Ambulance YES NO Parent/Carer YES NO

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

Signed.....

Name.....,..... Date.....