

Incident/accident report form

Name of injured person:			
Address of injured person:			
Site where incident/accident took place:			
Name of person in charge of session/competition:			
Date and time of incident/accident:			
Nature of incident/accident:			
Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training game, getting changed, etc.			
Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):			
Were any of the following contacted:	Police:	Yes	No
	Ambulance:	Yes	No
	Parent/carer:	Yes	No
What happened to the injured person following the incident/ accident? (e.g. went home, went to hospital, carried on with session)			

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

SIGNED:

DATE:

Name: