

Accident Report Form

[Club Name]

Name of person in charge of session/competition:	
Site where incident/accident took place:	
Date of incident/accident:	
Time of incident/accident:	
Name of person injured:	
Address of person injured:	

Nature of incident/accident and extent of injury including which area of the body was injured.

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

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Describe what activity was taking place, e.g. training, getting changed, etc.

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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.

Name: _____

Signed: _____ Date: _____