# incident/Accident Report Form

|  |  |
| --- | --- |
| Venue where incident/accident took place |  |
| Date and time of incident/accident |  |
| Name of injured person: |  |
| Address of injured person: |  |
| Nature of incident/accident: |  |
| Details of 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.) |  |
| Action TakenWere any of the following contacted: | Police: Yes 🞎No 🞎 Ambulance: Yes 🞎No 🞎Parent/guardian: Yes 🞎No 🞎 |
| Full details of actionincluding any first aid treatment and the name(s) of the first aider(s): |  |
| Follow on care(What happened to the injured person following the incident/accident? e.g. went home, went to hospital, carried on with session).  |  |
| Name of Witness 1 and contact number |  |
| Name of Witness 2 and contact number |  |
| Name of person in charge of session/competition |  |

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

SIGNED: DATE:

Name:

Position………………………………………………………………………………..