Accident/Incident Report Form

Name of person in charge of session/competition _____

Site where incident/accident took place _____

Date of incident/accident _____

Name of injured person _____

Address of injured person _____

_____

_____

Nature of incident/injury and extent of injury. Include details of how and precisely where the incident occurred

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

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

Were any of the following contacted?

Parent(s)/carer(s)	Yes / No
Police	Yes / No
Ambulance	Yes / No

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

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

Name

Signed

Date

In the event of an incident/accident relating to training or faulty equipment/facilities, follow up action should include informing the committee of the incident/accident in line with the place to play maintenance policy.

Details of this can be found on the website as well as the notice board