



# Incident/Accident Reporting Form

**Name of Club**

1. Site where accident took place

\_\_\_\_\_

2. Name of person in charge of session/competition

\_\_\_\_\_

3. Name of injured person

\_\_\_\_\_

4. Address of injured person

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Date and time of incident/accident

\_\_\_\_\_

6. Nature of accident/incident

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

7. Give details of how and precisely where the accident took place. Describe what activity was taking place, eg. training programme, getting changed, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Were any of the following contacted

Police Yes  No

Ambulance Yes  No

Parent/Guardian Yes  No

10. What happened to the injured person after the accident? (eg. went home, went to hospital, carried on with session)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signed

\_\_\_\_\_

Name (Print)

\_\_\_\_\_

Date

\_\_\_\_\_