



Incident / Accident Report Form

Name of person in charge of the session / competition:

Site / venue where the incident / accident took place (try and include the post code of the venue)

Date and time of the incident / accident:

Name of the injured person:

Address of the injured person:

Nature of the incident / accident and extend of the injury:

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 people contacted?

Police: Yes No

Ambulance: Yes No

Parent/carer / guardian: Yes No

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

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

Signed:

Print Name:

Date:

Copies to:

In the event of an incident / accident occurring through insufficient training or faulty equipment / facilities, the follow up action taken should include the completion of a Risk Assessment.