

## **Incident /Accident Report Form**

Name of person in charge of session/competition

Site where incident/accident took place

Date of incident/accident

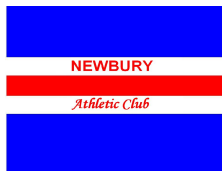
Name of injured person

Address of injured person

Nature of incident/injury and extent of injury

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

Describe what activity was taking place, for example training/game/getting changed.



## Incident /Accident Report Form

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?

- |   |                |                              |                             |
|---|----------------|------------------------------|-----------------------------|
| ✓ | Parents/carers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ | Police         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ | Ambulance      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

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

Signed

Date

Name

In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of risk assessment form.