



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.



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 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 etc.

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

Signed

Date

Name