

Accident/Incident report form

To be completed within 24 hours of the accident/incident occurring and be given/sent to the club Secretary.



This form can be used for all club activities not just those taking place at the club venue.

1. Date, time and location of accident/incident

Date:	Time:	Location:
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2. Name of person in charge of session/activity

Name:	Position:
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3. Nature of accident/incident

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4. Give details of precisely how and where the accident/incident took place and what activity was being undertaken at the time

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5. Give full details of the action taken including any first aid treatment given and the name(s) of the first aider(s) if involved

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6. Were any of the following contacted?

	yes	no		yes	no		yes	no
Ambulance			Police			Fire brigade		
Parent/guardian/carer			Other (please state)					

7. Name and address of person(s) involved and/or injured

Title:	Forename:	Title:	Forename:
Surname:		Surname:	
Address:		Address:	
Postcode:	Date of Birth:	Postcode:	Date of Birth:
Telephone:		Telephone:	

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

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