

## INCIDENT/ACCIDENT REPORT FORM

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### PERSON IN CHARGE OF SESSION/COMPETITION

First Name

Surname

Location of Incident/Accident

Date of Incident/Accident:

### INJURED PERSON

First Name

Surname

Address

Post Code

### INCIDENT/INJURY DETAILS

Nature of Incident/Injury & 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/Carrers

Police

Ambulance

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