

Incident/Accident Report Form

Person in charge of session/competition:Injured person:

Their address:

Date of incident: Location of incident:

Nature of injury / accident and extent:

Give details of how and where the incident took place and what activity was taking place at the time:

Give full details of any first aid treatment carried out and the full name(s) of any first aider(s) involved:

Were any of the following contacted? Next of Kin Police Ambulance

Give details of what happened to the injured person after the accident:

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

Signed Name Date