

## 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 .....