



**Accident/Incident Report Form**

Name of person in charge of session/competition

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Site where incident/accident took place

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Date of incident/accident

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Name of injured person

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Address of injured person

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Nature of incident/injury and extent of injury

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Give details of how and precisely where the incident occurred.

Describe what activity was taking place, e.g. training/game/getting changed.

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Give full details of action taken during any first aid treatment and the name(s) of first aider(s).

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Were any of the following contacted?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
|  Parent(s)/carer(s) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  Police             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  Ambulance          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What happened to the injured person following the incident/accident?

e.g. carried on with session, went home, went to hospital

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

Name in Capitals

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Position

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Signed

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Date

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Child representatives name and date in capitals

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Child representatives signature.

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