



INCIDENT / ACCIDENT REPORT FORM

1. Site where incident / accident took place:
2. Name of person in charge of session:
3. Name of injured / involved person(s):
4. Addresses of the above mentioned:
.....
.....
5. Date & time of incident / accident:
6. Nature of incident / accident:
.....
7. Give details of how and where the incident / accident took place. Describe what activity was taking place (e.g. training game, getting changed, etc.):
.....
.....
8. Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):
.....
9. Were the following contacted:
Police: Yes No
Ambulance: Yes No
Parent/Guardian: Yes No
10. What happened after the incident / accident? (i.e. person went home, went to hospital, carried on):
.....
11. All the above facts are a true and accurate record of the incident / accident:

SIGNED: **DATE:**

NAME OF SIGNATORY: