INCIDENT / ACCIDENT REPORT –

Site where accident took place.

_____

Name of person in charge of session/competition.

_____

Name of person injured.

_____

Address of injured person.

_____

_____

_____

Date and time of incident/accident.

_____

Nature of accident/injury.

_____

_____

_____

Give details of how and precisely where the accident took place. Describe what activity was taking place, e.g training, getting changed etc..

_____

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_____

Give details of the action taken including the name of the first aid treatment and name of the first aider.

_____

_____

_____

_____

Were any of the following contacted:

Police	Yes	☐	No	☐
Ambulance	Yes	☐	No	☐
Parent/Guardian	Yes	☐	No	☐

What happened to the injured person following the incident? (e.g. went home, to hospital, carried on with session).

_____

_____

_____

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

Signed: _____

Print Name: _____

Date: _____