



**INCIDENT AND ACCIDENT REPORT FORM**

Name of Club: .....

Name of person in charge of session/competition: .....

Site where incident/accident took place: .....

Date of incident/accident: .....

Time of incident/accident: .....

Name of injured person: .....

Address of injured person: .....

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Nature of incident/accident and extent of injury:

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Give details of how and precisely where the incident/accident took place.

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

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

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.....  
.....  
.....

Were any of the following contacted:

- Police:                      Yes                       No
- Doctor:                      Yes                       No
- Ambulance:                      Yes                       No
- Parent/carer:                      Yes                       No

What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on with session)

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.....  
.....

Was the Regional Welfare Officer informed?                      Yes                       No

If **YES** please give date and time.

Date: .....                      Time: .....

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

SIGNED: .....

DATE: .....

NAME: .....

***In the event of accident occurring through insufficient training or faulty equipment/facilities follow up action to include completion of Risk assessment form (Template 11).***