**INCIDENT/ACCIDENT 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 took place. Describe what activity was taking place, for example training/game/changing room etc

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

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Were any of the following contacted:

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| --- | --- | --- |
|  | Yes | No |
| Parents/carers |  |  |
| Police |  |  |
| Ambulance |  |  |

What happened to the injured person following the incident/accident? eg carried on with session, went home, went to hospital, rested on side lines etc.

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

Signed: Date:

Name:

Role (coach, First Aider, player, parent):