



Accident/Incident Report Form



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Name of person in charge of session/competition

Site where incident/accident took place

Date of incident/accident

Name of injured person

Address of injured person

Nature of incident/injury and extent of injury

Give details of how and precisely where the incident occurred.

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

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

Were any of the following contacted?

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

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

Name

Signed

Date

In the event of an incident/accident relating to training or faulty equipment/facilities, follow up action should include informing the committee of the incident/accident in line with the place to play maintenance policy. Details of this can be found on the website as well as the notice board.