



ACCIDENT/INCIDENT REPORT FORM

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?:

- Parent(s)/carer(s)
- Police
- Ambulance

If any First Aid supplies were used please indicate on the list in the First Aid Bag if any need replacing.

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