



Incident/Accident Report Form:

Name of injured or affected person		Location of accident/incident	
Date of accident or incident		Name of individual(s) dealt with the accident/incident	
Nature of accident or incident			
Details leading up to the accident or incident			
Details of all club members involved			
Details of action/events after the accident/incident			
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?	Parents/carers	Yes <input type="checkbox"/>	No <input 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 etc.			
All of the above facts are a true record of the accident/incident			
Print name			
Signed		Date	