# Accident report form

## Incident/Accident report

1. Site where accident took place

2. Name of person in charge of session/match

3. Name of injured person

4. Address of injured person

5. Date and time of incident/accident

6. Name of incident/accident

7. Give details of how and where precisely the accident took place. Describe what activity was taking place, e.g. training programme, getting changed, etc

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

9. Were any of the following contacted

**Police** ☐ Yes ☐ No

**Ambulance** ☐ Yes ☐ No

**Parent guardian** ☐ Yes ☐ No

**Other (please detail)**

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

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

**SIGNED**

**NAME (PRINT)**

**DATE**

**WITNESS**

**SIGNED**

**DATE**

**TIME OF INCIDENT**