



## Incident/Accident Report Form



### **Name of Club**

Association where incident/ accident took place:

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Name of person in charge of session/competition:

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### **Injured Person**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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Classification: (e.g. Player, Spectator, Official)

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### **Injury Details**

Date of Incident / Accident: \_\_\_\_\_ Time of Incident / Accident: \_\_\_\_\_ am/pm

Nature of Incident / Accident:

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Give details of how and precisely where the incident/accident took place. Describe what activity was taking place (e.g. training game, getting changed, etc.)

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Give full details of the action taken including any first aid treatment and the name(s) of the first aid officer(s):

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Were any of the following emergency services contacted:

Police: Yes  No

Ambulance: Yes  No

Parent/Carer: Yes  No

What happened to the injured person following the incident/accident? (eg. Went Home, went to hospital, carried on with session)

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### **Witness Details**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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### **Declaration**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_