



## Incident/accident report form

**Name of person in charge of training session/match**

**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 took place.**

Describe what activity was taking place, for example 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?**



Parents/carers

Yes

No



Police

Yes

No



Ambulance

Yes

No

**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**

**Signed:**

**Date:**

**Name:**

*In the event of an accident occurring through insufficient training or faulty Equipment / facilities follow up action to include review of Venue risk assessment.*

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