**ACCIDENT RE** **PORT FORM**

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| Name of person in charge of session/competition: |  |
| Site where incident/accident took place: |  |
| Date of incident/accident: |  |
| Time of incident/accident: |  |
| Name of person injured: |  |
| Address of person injured: |  |

***Nature of incident/accident and extent of injury including which area of the body was injured. Left or right etc.***

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***Give details of how and precisely where the incident/accident took place.***

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***Describe what activity was taking place, eg training, 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 aider(s):***

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***Were any of the following 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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All of the above facts are a true and accurate record of the incident/accident.

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| SIGNED |
| NAME  | DATE |

*In the event of accident occurring through insufficient training or faulty equipment/facilities*

*follow up action to include completion of Risk assessment form (see template)*