

ACCIDENT/INCIDENT REPORT FORM



SITE WHERE THE ACCIDENT/INCIDENT TOOK PLACE _____

NAME OF PERSON IN CHARGE _____

NAME OF INJURED PERSON _____

ADDRESS OF INJURED PERSON _____

NATURE OF THE ACCIDENT/INCIDENT _____

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.

GIVE FULL DETAILS OF THE ACTION TAKEN INCLUDING ANY FIRST AID TREATMENT AND THE NAME OF THE FIRST AIDER (S)

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? e.g. WENT HOME, WENT TO HOSPITAL, CARRIED ON WITH SESSION.

ALL OF THE ABOVE ARE A TRUE AND ACCURATE RECORD OF THE INCIDENT/ACCIDENT

SIGNED _____

NAME _____

DATE _____

PLEASE HAND/SEND THIS FORM TO FRANCES MORTON (CLUB MANAGER)
chipingtonrugby@gmail.com