



Accident/Incident Report Form

Site where accident took place: _____

Date/Time of accident: _____

Name of person in charge of session/competition: _____

Name of injured person: _____

Address of injured person: _____

Nature of accident/incident: _____

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

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

Indicate which of the following contacted: Police _____
 Ambulance _____
 Parent/ Guardian _____

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

Signed: _____

Date: _____

Name (Print): _____