



Accident or Serious Incident Report Form

Team (Age, Gender, Team Name): _____

1. Site where accident took place: _____

2. Name of person in charge of session/competition: _____

3. Name of injured person: _____

4. Address of injured person: _____

5. Date and time of incident/accident: _____

6. Nature of incident/accident: _____

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

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

9. Were any of the following contacted?

Ambulance	Yes	No
Parent / Guardian	Yes	No

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

11. Declaration: All of the facts are a true and accurate record of the incident/accident.

Signed _____ Print Name _____

Position _____ Date _____