



INCIDENT/ACCIDENT REPORT FORM

NAME OF CLUB – **Goole Town Tigers JFC**

AGE GROUP _____

Site where accident took place _____

1. Name of person in charge of session _____

2. Name of injured person _____

3. Address of injured person _____

4. Date and time of incident/accident _____

5. Nature of incident/accident _____

6. Give details of how and precisely where the incident/accident took place; describe what activity was taking place (e.g. training programme, match, changing area).

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

8. Were any of the following contacted?

Police: YES/NO

Ambulance: YES/NO

Parent/Guardian: YES/NO

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

10. All the above facts are true and an accurate record of the incident/accident:

Signed _____ Date _____

Print _____