

ACCIDENT REPORT FORM

Venue	Location of accident
Date of accident	Name of individual(s) who dealt with the accident
Nature of accident	
Details leading up to the accident	
Details of all club members involved	
Details of action/events after the accident	
Give full details of action taken during any first aid treatment and the name(s) of first-aider(s).	
Were any of the following contacted?	
Parents/carers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Police	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ambulance	Yes <input type="checkbox"/> No <input type="checkbox"/>
What happened to the injured person following the accident? E.g. carried on with session, went home, went to hospital etc.	
All of the above facts are a true record of the accident	
Signed	
Date.....	
Print name	