

 **TRAFFORD JUNIOR NETBALL CLUB ACCIDENT REPORT FORM**

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| Name of injured person:  | Venue:Location of accident: |
| Date of accident:Time of Accident:  | Name of individual(s) who dealt with the accident: |
| Name of person completing this form: |
| Nature of accident including those involved: |
| Nature of injury: |
| Give full details of any first aid treatment given and the name(s) of first-aider(s): |
| Were any of the following contacted? Parents/carers: Yes No Police: Yes No  Ambulance: Yes No  |
| What happened to the injured person following the accident? Eg: carried on with session, went home, went to hospital etc. |
| All of the above facts are a true record of the accident.Signed…………………………………………... Date………………. Time……………Print name………………………………………. |