

**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………………………………………. | |