



## ACCIDENT / INCIDENT FORM

Name & location of facility	
Full name of coach/captain supervising	
Full name of injured person	
Age of the injured person	
Date of incident	
Time of incident	
Nature of injury, including location on body	
Name of any injuries / after effects which developed later	
Full details of the accident including how it happened, what activity was being performed, where it happened	
Witness name(s) and address(es)	
Action taken	
Police called    Yes / No	Ambulance called    Yes / No
Facility manager informed    Yes / No	Facility accident book completed    Yes / No
Parent / Guardian informed    Yes / No	
Details of first aid given	
Other actions	

**Section to be completed by the supervising coach**

I confirm that the above details are correct and accurate to the best of my knowledge

Print name	
Signature	Date

**PLEASE SEND TO CLUB SECRETARY, 42 BIGGLESWADE ROAD, POTTON, SG19 2LX**