



Incident / Accident Report Form

Site where accident took place	
Name of person in charge of session / competition	
Name of injured person	
Address of injured person	
Date of incident / accident	
Time of incident / accident	
Give details of how and precisely where the accident took place and describe the activity taking place	
Give details of the action taken including any first aid treatment and names of first-aiders.	
Were the emergency services contacted	
Was the parent/guardian contacted	
What happened to the injured person afterwards, eg, went home, went to hospital.	
Signed	
Print Name	
Date	