FAIRFORD TENNIS CLUB Incident/Accident Report Form

Name of person in charge of session/competition		
Site where incident/accident took place		
Date of incident/accident		
Name of injured person		
Address of injured person		
Nature of incident/injury and extent of injury		

Give full details of action	taken during any first aid	d treatment and the name(s) of fir
Were any of the following	r contacted?	
Parent(s)/carer(s)	Yes	No 🗌
Police	Yes	No 🗌
Ambulance	Yes	No 🗌
	jured person following the	
	true record of the accide	nt/incident
of the above facts are a	Name	Date

Resources for an example risk assessment form for facilities and coaches.

Please return completed form as soon as possible to: Richard Harrison (Hon Secretary) – email <u>fairfordtennis@gmail.com</u>