



**MUSSELBURGH
TENNIS CLUB**

ACCIDENT/INCIDENT REPORT FORM

This form should be completed for ALL accidents.

Name of person completing the form and role, e.g. coach, parent

Where the accident / incident took place

Date and time of accident /incident

Name of injured person (and date of birth if under 18)

Address of injured person

Please give details of what happened and what type of injury occurred

Musselburgh Tennis Club

Lewisvale Park,
Musselburgh EH21 7AS
www.mtc.scot
hello@mtc.scot

Scottish Charity Incorporated Organisation - SC045399

Registered Office: 64 Edgehead Road
Edgehead, Pathhead EH37 5RJ





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Give full details of any action taken during any first aid treatment and the name(s) of any 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 incident / accident?
eg carried on with session/went home/went to hospital

All of the above facts are a true record of the incident / accident.

Name:

Signed:

Date:

Please scan or photograph completed forms and forward to hello@mtc.scot. In the event of an incident/accident relating to training or faulty equipment/facilities, this should be done ASAP. All completed forms will be reviewed and further action taken, if necessary.