



Registered Charity 522315

Accident/Incident 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 details of how and precisely where the incident occurred.

Describe what activity was taking place, e.g. training/game/getting changed.

Give full details of action taken during any first aid treatment and the name(s) of first aider(s).

Were any of the following contacted?

- | | | |
|--|------------------------------|-----------------------------|
|  Parent(s)/carer(s) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  Police | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  Ambulance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What happened to the injured person following the incident/accident?

e.g. carried on with session, went home, went to hospital

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

Name

Signed

Date

In the event of an incident/accident relating to training or faulty equipment/facilities, follow up action should include informing the committee of the incident/accident in line with the place to play maintenance policy. Details of this can be found on the website as well as the notice board.

Please return completed form as soon as possible to: Susan Matthews (Hon Secretary) – email enquiries@ubysc.co.uk