

Incident report form



Name of person in charge of session/competition

Site where incident took place

Date of incident

Details of incident

Nature of incident/injury and extent of injury

Give details of how and precisely where the incident took place

Describe what activity was taking place, for example 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?

| | | | | |
|----------------|-----|--------------------------|----|--------------------------|
| Parents/carers | 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"/> |

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

Signed

Date

Name