

Incident/Accident Reporting Form



STONESFIELD STRIKERS Football Club

Incident/Accident Reporting Form

1. Site where accident took place

2. Name of person in charge of session/competition

3. Name of injured person

4. Address of injured person

5. Date and time of incident/accident

6. Nature of accident/incident

7. Give details of how and precisely where the accident took place.

Describe what activity was taking place, eg. training programme, getting changed, etc.

8. Give details of the action taken including any first aid

treatment and the name(s) of the first-aider(s).

9. Were any of the following contacted

Police Yes No

Ambulance Yes No

Parent/Guardian Yes No

10. What happened to the injured person after the accident?
(eg. went home, went to hospital, carried on with session)

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

Signed _____

Name (Print) _____

Date _____

When completed, scan a copy of this form, and send to the Club Welfare Officer. Retain your copy.