

INCIDENT & ACCIDENT REPORT FORM

School name:	
Event name:	
Date of incident/accident:	
Site where incident/ accident took place:	
Name of person in charge of session/competition:	
Name of injured person:	
Address of injured person:	

Nature of incident/injury and extent of injury

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Give details of how and precisely where the incident occurred

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

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

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Were any of the following contacted?

YES	NO	Parents(s) / carer(s)
YES	NO	Police
YES	NO	Ambulance

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

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

Signed:	
Name:	
Date:	

