

INCIDENT/ ACCIDENT REPORT FORM

Name / role of person reporting incident/accident: _____

Site where incident/accident took place: _____

Date of incident/accident: _____ Time of incident/accident: _____

Name of injured person: _____

Nature of incident/accident and extent of injury: _____

Give full details of how and where the incident/accident took place:

Give details of the action taken including any first aid treatment:

Were any of the following contacted:

Police: Yes No

Ambulance: Yes No

Parent/Carer: Yes No

What happened to the injured person following the incident/accident? (eg went home/hospital, continued with session)

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

SIGNED: _____ DATE: _____

PRINT NAME: _____