

Holland Football Club

Incident/Accident Report 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 incident/accident

7. Give details of how and precisely where the accident took place. Describe what activity was taking place, E.g. 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 (please Circle)

Police Yes No

Ambulance Yes No

Parent/Guardian Yes No

10. What happened to the injured person following the accident? (E.g. 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 _____

Please ensure that all accidents are recorded in the accident book held behind the bar in the Clubhouse – Thank you.

Failure to complete this form and circulate the appropriate copies could make a manager personally liable if any complications arise, so please ensure details are always completed for everyone's benefit – Thank you

- 1. Copy to Parent/ Guardian***
- 2. Copy to Club Health & Safety Officer/ Secretary***
- 3. Copy to be retained by yourself***