

# WORKINGTON RUGBY FOOTBALL CLUB LTD

## Injury/Incident/Accident report form

Site where incident/accident took place:

Name of person in charge of session/competition:

Name of injured person:

Address of injured person:

Date and time of incident/accident:

Nature of incident/accident:

Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training game, getting changed, etc.

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

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?  
(eg went home, to hospital, carried on)

Signed.....

Date.....

*This form should be passed to Welfare Officer (Player Development Officer) for Senior/Youth/Social Rugby as appropriate for*  
**Follow-up**

**Signed**.....  
*Player Welfare & Development*

**Date**.....