

Datchworth R.F.C



INCIDENT/ACCIDENT REPORT FORM

Name of person in charge of session/competition:

Site where incident/accident took place:

Date of incident/accident:

Time of incident/accident:

Name of injured person:

Address of injured person:

Nature of incident/accident and extent of injury:

Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, eg 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

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

(eg went home, went to hospital, carried on with session)

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

SIGNED:

DATE:

NAME:

ROLE:

TO BE COMPLETED BY SECTION HEAD

The following actions should be reviewed at the next Datchworth committee meeting and considered for inclusion onto the Club Risk Assessment

SIGNED:

DATE:

NAME:

This form should be passed to the hon. secretary for inclusion in the incident book