

Yorkshire Youth A.R.L

Incident/ Accident report form (All Youth Age Groups)

This should be completed and submitted to Alan Boot Secretary Immediately following the Incident/ Accident.

Name of person in charge of session / competition:

Site where Incident/ Accident took place:

Name and address of injured person:

Date and time of Incident/ Accident:

Nature of Incident/ Accident and extent of injury:

Give detail of how and precisely where the Incident/ Accident took place:

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? Please state YES or NO

Police:

Ambulance:

Parent/Carer:

What happened to the injured person following the Incident/ Accident? (e.g. went home, went to hospital, carried on with session):

All the above facts are a true and accurate record of the Incident/ Accident

Signed:

Print: