



INCIDENT/ACCIDENT REPORTING FORM

CLUB.....

1. Site where incident/accident took place:

2. Name of person in charge of session/competition:

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3. Name of injured person:

4. Address of injured person:

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5. Date and time of incident/accident:

6. Nature of incident/accident:

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

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

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9. Were any of the following contacted:

Police: Yes No

Ambulance: Yes No

Parent/guardian: Yes No

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

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

SIGNED: DATE:

Name:

Please keep the original for Club Records. A copy should be sent/faxed to the County Office:

Cornwall YFC
Pavilion Centre
Royal Cornwall Showground
Wadebridge
Cornwall
PL27 7JE

Tel: 01208 893080
Fax: 01208 815573