

Upper Clatford Youth FC Incident/Accident Reporting Form



Respect

Site where 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 accident/incident:

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

Give 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	<input type="checkbox"/>	No	<input type="checkbox"/>
Ambulance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Parent/Guardian	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

I sign to confirm that all of the above facts are a true and accurate record of the incident/accident.

Signed:

Full name (Print):

Date:

Please return completed forms to the Club Secretary